



Denver Fire Department Federal Credit Union

Serving Professional Firefighters and their families since 1938



Membership
Application

Eligibility for Membership

- Voting members of Union Locals that are members of Colorado Professional Firefighters Association.
- Classified service employees of the Fire Department of the City and County of Denver.
- Employees of the North Washington Fire Department, West Metro Fire Protection District, South Metro Fire Protection District, and Frederick/Firestone Fire Department.
- Voting members of Denver Paramedics Local 3634 in Denver, Colorado.
- Persons retired as pensioners or annuitants from above employment.
- Spouses of persons who died while within the field of membership of DFDFCU.
- Immediate family of an eligible member may join only if the eligible member actually belongs to the credit union. Immediate family members include spouse, children, parents, siblings, grandparents, and grandchildren. Adoptive and step relationships are also included in the definition.
- Household members who are not immediate family members are not eligible for membership even if the eligible member belongs to the credit union. Household members include domestic partners, roommates and legal guardian relationships.
- Organizations of such persons.

Member Identification Requirements

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you is when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

To comply with the USA Patriot Act of 2001, prior to opening an account, we will need a clear copy of your primary ID and your secondary ID. Acceptable examples of each are listed on the next page:

Primary ID

State or Provincial (Canadian) Driver's License
State ID Card
Military ID Card
Passport
U.S. Alien Registration Card
Student ID Card (for minors)
Birth Certificate (for minors)

Secondary ID

Insurance Card
Utility Bill
Property Tax Bill
Firearm License
Organization Membership Card
Student ID Card
Credit Card
Birth Certificate
Social Security Card
Voter Registration Card

If you apply by mail you will receive a packet containing information and disclosures regarding our accounts and services. When you have returned the completed New Membership Application along with your initial account deposit (only \$25.00 minimum balance), you will have an active Membership Savings Account with us. This is a regular saving account that will establish your new account and will remain in existence for as long as you remain a member of Denver Fire Department Federal Credit Union. From this point forward you and your family can take advantage of all the services offered to you by YOUR Denver Fire Department Federal Credit Union!

Checklist of items needed to complete Membership to be completed

- 1) Copy of Primary ID
- 2) Copy of Secondary ID
- 3) Completed New Membership Application
- 4) Completed Share Draft Disclosure and Visa Check Card Agreement
- 5) Initial Deposit
- 6) Copy of Eligibility for Membership
 - a. Copy of CPFF card or qualifying Fire Department pay stub
 - b. Name and address of qualified existing member and relationship to that member.

Please verify that all your information is completely filled out.

Mail the above listed documents or stop by our location at:

Denver Fire Department Federal Credit Union
2201 Federal Blvd
Denver, Colorado 80211

For questions regarding this form or membership call **303-228-5300** or **1-866-880-7770**.

Denver Fire Department Federal Credit Union New Membership Application

Member Number _____
Assigned by Credit Union

All of the terms, conditions, form of account ownership, account selection and other information indicated on this form apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Please Note:

- (1) A Savings account with a minimum balance of \$25.00 must be opened and maintained for membership.
- (2) A Savings account with a minimum balance of \$100.00 must be opened and maintained for a checking account.

Account type

- Individual
- Joint with right of survivorship
- Tenants in Common
- Living Trust
- DBA
- Other

Primary Owner of Account

Qualifying Membership Group or Employer _____

First Name _____ Last Name _____ Middle Initial _____

Street Address (No PO Box) _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Ext _____

Social Security # _____ Drivers License/Valid ID Number _____

State _____ Mother's Maiden Name _____

Date of Birth _____ Email _____

Joint Owner

Relationship to Primary Owner of Account _____

First Name _____ Last Name _____ Middle Initial _____

Street Address (No PO Box) _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Ext _____

Social Security # _____ Drivers License/Valid ID Number _____

State _____ Mother's Maiden Name _____

Date of Birth _____ Email _____

YOU ARE REQUESTING THE FOLLOWING ACCOUNTS AND CARDS

- Savings
- Checking
- Certificate of Deposit
- Individual Retirement Account
- Money Market Account

Cards and Other Services Requested

Visa® Debit Card Visa® Credit Card Online Bill Paying

PAYABLE ON DEATH (POD) BENEFICIARIES – ACCOUNT DESIGNATIONS

_____ All Accounts _____ Designate Specific Account(s)

1st Beneficiary Full Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

2nd Beneficiary Full Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

TIN CERTIFICATION & BACKUP WITHHOLDING INFORMATION

By submitting, I certify, in accordance with IRS W-9 instructions provided by the credit union and under penalties of perjury that:

- (1) The Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown on this application is my/the correct identification number,
- (2) I am NOT subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen (including U.S. resident alien).

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out 3 and complete a W-8 BEN if you are not a U.S. citizen.

By submitting, I/We agree to the terms and conditions of the membership and Account Agreement, Truth-in-Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment Denver Fire Department Federal Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM or EFT service is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We authorize you to check account, credit, and employment history and obtain a credit report from third parties, including credit reporting agencies, to verify eligibility for the account and services I/we requested. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Must be signed before a Notary Public or in the presence of a Denver Fire Department Federal Credit Union Employee.

Applicant Signature

State of _____

County of _____

Subscribed and sworn to before me this

_____ day of _____ 20____,

by _____

Notary Public _____

Commission Expires _____

Co-Applicant Signature

State of _____

County of _____

Subscribed and sworn to before me this

_____ day of _____ 20____,

by _____

Notary Public _____

Commission Expires _____

For Credit Union use only

Date of membership

Opened by

Member verification