

Please include clear copies of 2 forms of ID for each applicant. All new memberships require a \$25 PAR value.

Eligibility

Eligibility is extended to FedEx employees or retirees and members of their immediate family or household. FedEx Employees Credit Association reserves the right to deny membership to those applicants it determines to be in violation of FECA's Charter or policies. All applicants are subject to membership eligibility verification.

Currently employed with or retired from: FedEx Express FedEx Ground FedEx CustomCritical FedEx Freight FedEx TNT
Badge/Employee Number: FedEx Office FedEx Trade Networks FedEx SupplyChain

Family/Household Member: Spouse Child Parent Sibling Grandchild Grandparent Household
FedEx Employee or Member Name:

Existing Member (Please enter member number and changes requested):

Primary Owner (Applicant)		ID/DL Type:	ID/DL Number:	ID/DL State:	Issue Date:	Expiration Date:
First	Middle	Last Name		Birth Date	Social Security No./TIN	Email Address
Street Address (Physical/Home)		City		State	Zip	Home Phone No.
Street Address (Mailing Purposes)		City		State	Zip	Cell Phone No.
Are you a U.S. Citizen (if no, please define your status)			Current Employer			Employment Phone No.
Name and Address of Relative Not Living With You						

Joint Owner 1		ID/DL Type:	ID/DL Number:	ID/DL State:	Issue Date:	Expiration Date:
First	Middle	Last Name		Birth Date	Social Security No./TIN	Home Phone No.
Street Address (Physical/Home)		City	State	Zip	Email Address	Cell Phone No.
Are you a U.S. Citizen (if no, please define your status)			Current Employer			Employment Phone No.

<input type="checkbox"/> Joint Owner 2 OR <input type="checkbox"/> Authorized Signer		ID/DL Type:	ID/DL Number:	ID/DL State:	Issue Date:	Expiration Date:
First	Middle	Last Name		Birth Date	Social Security No./TIN	Home Phone No.
Street Address (Physical/Home)		City	State	Zip	Email Address	Cell Phone No.
Are you a U.S. Citizen (if no, please define your status)			Current Employer			Employment Phone No.

Account Ownership

Individual (sole ownership)
 Joint (tenants with rights of survivorship)
 Payable on Death (designates beneficiary)
 Business Account (Business Documents Required)
 Estate/Trust/Charity Account (Legal Documents Required)

Account Services Requested

<input type="checkbox"/> Share Savings (Required)	<input type="checkbox"/> Money Market (Minimum \$5000 to open)	<input type="checkbox"/> ATM Express Teller Card
<input type="checkbox"/> Direct Checking (Direct Deposit Required)	<input type="checkbox"/> Christmas Club	<input type="checkbox"/> VISA® ExpressCheck Debit Card
<input type="checkbox"/> Basic Checking	<input type="checkbox"/> Overdraft Protection*	<input type="checkbox"/> MARS Phone Services
<input type="checkbox"/> Extras Checking	<input type="checkbox"/> Vacation Club (select maturity date)	<input type="checkbox"/> Other
<input type="checkbox"/> New Direction Checking (\$100 PAR Value Required)		

*The Credit Association attempts to cover overdrafts in your Share Draft/Share account by automatically transferring the necessary funds from your Share account.

Information Requests - I would like to receive information on the following:

<input type="checkbox"/> REX Online Banking	<input type="checkbox"/> RAD Mobile Deposit	<input type="checkbox"/> Youth Program	<input type="checkbox"/> Coverdell Education Savings (ESA)
<input type="checkbox"/> Online Bill Pay	<input type="checkbox"/> Share Certificates	<input type="checkbox"/> Share Insurance	<input type="checkbox"/> Traditional IRA
<input type="checkbox"/> FI to FI Transfers	<input type="checkbox"/> Order Checks	<input type="checkbox"/> Shared Branching	<input type="checkbox"/> Roth IRA

Payroll Deduction

Allocations: (Please list the amount for each account)			
Primary Savings \$	Checking \$	Christmas Club \$	Payroll Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly
Other (i.e. Loan, Secondary Share, etc.) \$			Total Deduction Per Paycheck \$

Payable on Death Account Designation "P.O.D" - Provide the following information to designate a Beneficiary

Beneficiary Name	Date of Birth (required)	Social Security No./TIN	Ownership %
Mailing Address (City, Street, State, Zip)	US Citizen?	Relationship	
Beneficiary Name	Date of Birth (required)	Social Security No./TIN	Ownership %
Mailing Address (City, Street, State, Zip)	US Citizen?	Relationship	

Signatures Required

By signing herein, You certify in accordance with IRS W-9 instructions and under penalty of perjury, (1) that the number shown herein is Your correct taxpayer identification number or are waiting for a number to be issued to You, (2) **that unless designated below**, You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified You that You are no longer subject to backup withholding and (3) that unless designated below, You are a U.S. person (including a U.S. resident alien). **THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

You are subject to backup withholding You are a foreign person other than a U.S. resident alien (complete IRS form W-8BEN)

Primary Owner Signature: X	Joint Owner 2 Signature: X
Joint Owner 1 Signature: X	Joint Owner 3 Signature: X

By signing below, You hereby make application for membership in the Credit Association and agree to subscribe for at least one share. In considering this application and/or request for financial services, You authorize the Credit Association to check Your credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with You. You understand that knowingly and willfully providing false or misleading information to the Credit Association is a Federal criminal offense. Further, You agree to conform to the Credit Association's rules, regulations, by-laws and policies, now in effect and as amended or adopted hereafter. You acknowledge receipt of the Credit Association's account agreements for the type of account(s) and service indicated in this membership application, including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and agree to the terms and conditions set forth therein and to any amendments the Credit Association makes from time to time. In addition, you grant the Credit Association a consensual interest in your accounts and we may use the funds from your accounts to pay any debt or amount now or hereafter owed the Credit Association, unless prohibited by applicable law.

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: When You open an account, we will ask Your name, address, date of birth, and other information that will allow us to identify You. We may also ask to see Your driver's license and other identifying information.

IF YOU WISH TO OPEN AN ACCOUNT FOR A MINOR, PLEASE LET YOUR REPRESENTATIVE KNOW. THERE IS A SEPARATE AGREEMENT FOR MINOR ACCOUNTS.

Primary Owner Signature X	Date	Joint Owner 2 Signature X	Date
Joint Owner 1 Signature X	Date	Authorized Signer Signature X	Date

Joint Removal Authorization

Joint owners other than primary member may terminate account ownership (unless joint loans are attached to account by signing below).

Terminated Owner's Signature

<input type="checkbox"/> Remove AUTHORIZED SIGNOR	Name	Social Security No.	Date
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