



CBI Federal Credit Union

**13717 S. Route 30, Unit 157
Plainfield, IL 60544
Phone: 815-439-6676
Fax: 815-439-5010**

Name: _____ Member Number _____

By signing this form, I am applying for an additional account(s) or signor under my current member number at CBI Federal Credit Union. Additional members need to **submit a copy of a photo ID** along with this form.

Type of Account:

- REGULAR SHARE (01)
- SPECIAL SAVINGS (11)
- HOLIDAY CLUB SAVINGS (30)
- MONEY MARKET SAVINGS (40)
- SHARE DRAFT CHECKING (75)
- 2nd SHARE DRAFT CHECKING (76)
- INDIVIDUAL RETIREMENT SAVINGS ACCOUNT (IRA) (81)

Account Ownership:

- Individual
- Joint

Payable on Death Designation:

Printed Name	Date of Birth	Social Security Number	Relationship to Member
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned agree(s) to the terms stated in the Account Information Brochure that apply to any approved account and acknowledge its receipt.

Name	_____	Date	_____
Signature	_____	SSN	_____
Name	_____	Date	_____
Signature	_____	SSN	_____
Name	_____	Date	_____
Signature	_____	SSN	_____