



# Diebold Federal Credit Union

*Turning your financial dreams into reality*

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## NEW ACCOUNT CARD

PLEASE MAIL ORIGINAL WITH A  
COPY OF YOUR DRIVERS  
LICENSE

Interoffice to: Mail Code 1500

MEMBER ACCOUNT NUMBER: \_\_\_\_\_ MEMBER / OWNER: \_\_\_\_\_

### ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all the accounts listed below unless Diebold Federal Credit Union is notified in writing of the change.

- |   |                |   |                |
|---|----------------|---|----------------|
| <input type="checkbox"/> Share/Savings                | Suffix * _____ | <input type="checkbox"/> Money Market Checking  | Suffix * _____ |
| <input type="checkbox"/> Holiday Club Savings         | _____          | <input type="checkbox"/> Certificate of Deposit | _____          |
| <input type="checkbox"/> Insurance or Special Savings | _____          | <input type="checkbox"/> Share IRA              | _____          |
| <input type="checkbox"/> Kids Club Savings            | _____          | <input type="checkbox"/> IRA Certificate        | _____          |
| <input type="checkbox"/> Share Draft Checking         | _____          | <input type="checkbox"/> Other _____            | _____          |

\*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

### ACCOUNT SERVICES

- |  |   |
|--|---|
| <input type="checkbox"/> Payroll Deduction / Direct Deposit                            | <input type="checkbox"/> ATM Card                     |
| <input type="checkbox"/> Overdraft Protection: (Indicate transfer priority below)      | <input type="checkbox"/> MasterCard Debit Access Card |
| <input type="checkbox"/> Account # _____   | <input type="checkbox"/> 24-Hour Touch Tone Access    |
| <input type="checkbox"/> Overdraft Line of Credit Loan                                 | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Online Access   | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> WebPayService Online Bill Payment Service (Fee based service) | <input type="checkbox"/> Other _____                  |

### MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____	Account Number _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's License No. _____
Home Phone _____	Date of Birth _____
Work Phone _____	Employment _____
E-mail _____	Membership Eligibility _____

### ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- Individual                       Joint Account With Survivorship                       Joint Account Without Survivorship

Joint Owner _____	SSN/TIN _____
Street _____	Driver's License No. _____
City/State/Zip _____	Date of Birth _____
Home Phone _____	Employment _____
Work Phone _____	E-mail _____

Joint Owner _____	SSN/TIN _____
Street _____	Driver's License No. _____
City/State/Zip _____	Date of Birth _____
Home Phone _____	Employment _____
Work Phone _____	E-mail _____

