

BUILDING 5326 VALDEZ CIRCLE, STE 102 DUGWAY, UTAH 84022
Phone: 435-831-4572 Fax: 435-831-4989 Email: dugfcu@cut.net



Membership Application

Please fill out completely. Fax, mail or bring in your application. Driver's License Photo copy is necessary for Primary and Joint.
Processing may take up to one week. Please note that if you apply for a credit card or loan, an Experian credit report will be pulled.

How are you eligible?

I AM: AN EMPLOYEE OF DUGWAY, A RESIDENT OF DUGWAY, OR RELATED TO A DFCU EMPLOYE!

Application Information:

I would like to open a SAVINGS ACCOUNT CHECKING ACCOUNT or BOT
I would like to order a debit card YES or
I would like to access the account online YES or
I would like to apply for a loan (fill out Loan App and submit) YES or N
I would like to apply for a credit card YES or

Primary Owner of Account:

FULL Name: _____ Date of Birth: _____ Social Security # (TIN) _____
Residence Address (No PO BOX): _____
City: _____ State: _____ Zip: _____
Mailing Address (if Different, including PO Box) _____
City: _____ State: _____ Zip: _____

Contact Information

Home# _____ Work # _____ Cell# _____
Personal Email: _____ Work Email: _____

Joint Owner of Account:

FULL Name: _____ Date of Birth: _____ Social Security # (TIN) _____
Residence Address (No PO BOX): _____
City: _____ State: _____ Zip: _____
Mailing Address (if Different, including PO Box) _____
City: _____ State: _____ Zip: _____

Contact Information

Home# _____ Work # _____ Cell# _____
Personal Email: _____ Work Email: _____
Relationship to Primary Owner of Account _____

ACCOUNT DESIGNATION

Payable on Death (POD) Trust Account

All Accounts Designated Specified Account:

1 Beneficiary (POD) Name _____
Street _____ City _____ State _____ Zip _____

2 Beneficiary (POD) Name _____
Street _____ City _____ State _____ Zip _____

NOTE: When Dugway Federal Credit Union receives this application, we will provide you with more information concerning your account which will be sent to you in the mail within 7-10 business days.

PRIMARY ACCOUNT HOLDER

SIGNATURE: _____ DATE _____

JOINT ACCOUNT HOLDER

SIGNATURE: _____ DATE _____

APPROVING CREDIT UNION REPRESENTATIVE

SIGNATURE: _____ DATE _____