



1630 King Street  
 Alexandria, Virginia 22314-2745  
 703-706-5000 • Fax 703-684-1613

SDFCU Account #
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A Membership Application **must** be completed/on file.

DESIGNATION OF REPRESENTATIVE PAYEE		
See the accompanying account agreements and disclosures booklet for Guardian or Custodial Account Agreement.		
<b>INFORMATION ABOUT YOU - The Representative Payee</b>		
Name	Social Security Number (required)	Driver's License #/State
Home Address (No P. O. Box except APO/FPO)		Date of Birth
Home Phone	Office Phone	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Reg. No.	
Representative Payee Signature		Date

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