

# Membership Application

Primary Member Information				
Name-Last	First	Middle Initial	Social Security Number	
Street Address (Required)	City	State	Zip	Home Phone Number
Mailing Address (if different than street address)				Own/Buy/Rent
Driver's License No./State	Issue Date	Expiration Date	Date of Birth	Cell Phone Number
Employer	Work Phone Number		Hire Date	Length (Yrs.)
Employer's Address		Annual Salary	Job Title	
Email Address				

**Account Number**

Joint Owner Information				
Name-Last	First	Middle Initial	Relationship	Social Security Number
Street Address (Required)	City	State	Zip	Home Phone Number
Mailing Address (if different than street address)				Own/Buy/Rent
Driver's License No./State	Issue Date	Expiration Date	Date of Birth	Cell Phone Number
Employer	Work Phone Number		Hire Date	Length (Yrs.)
Employer's Address		Annual Salary	Job Title	
Email Address				

Beneficiary (Do not include Joint Owner)	
In the event of my death, I designate	
As my beneficiary to receive any and all amounts paid into my credit union account(s)	
Street Address	
City	State Zip
Home Phone/Work Phone	
Relationship to Member	Date of Birth

Individual Account - This account is owned by the named party. Upon death, ownership passes to the named Beneficiary(ies).  
 Joint Account - This Account is owned by the named parties. Upon death of any account holder, ownership passes to the survivor(s). Upon the death of all of them, ownership passes to the named Beneficiary(ies).  
 Account title for Sole Proprietor \_\_\_\_\_.  
 UTMA - As custodian for \_\_\_\_\_ (minor) under the California Uniform Transfer to Minors Act.

Additional Information	
( ) ID Checked	2nd form of ID Checked
( ) OFAC	_____

<b>Additional Services</b> <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate <input type="checkbox"/> IRA <input type="checkbox"/> Direct Deposit <input type="checkbox"/> ATM Card <input type="checkbox"/> Debit Card <input type="checkbox"/> MasterCard <input type="checkbox"/> Loan <input type="checkbox"/> Home Banking/TellerPhone <input type="checkbox"/> Online Bill Payment	<b>Overdraft Protection</b> I authorize automatic overdraft protection from: <input type="checkbox"/> Savings account <input type="checkbox"/> MasterCard <input type="checkbox"/> Overdraft Protection Loan (need to apply)
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**Application Reviewed By:** \_\_\_\_\_

**Membership Officer:** Kirsten Allen

Signature \_\_\_\_\_

## Signature and Agreements

-W9-

Primary Member  
Social Security Number

CERTIFICATION: Under penalties of perjury, I certify that:  
 (1) the number shown on this form is my correct taxpayer identification Number (or I am waiting for a number to be issued to me), and  
 (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and  
 (3) I am a U.S. citizen or other U.S. person, and  
 (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**CERTIFICATION INSTRUCTIONS:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

X \_\_\_\_\_  
**Primary Member Signature** **Date**

A FEE as per the current Fee Schedule will be imposed if you overdraw your account and the Credit Union advances the funds to make payment on the item. You must repay the advance immediately or the Credit Union will deduct the amount of the advance from your next automatic deposit.

The owner(s) of this account agree with each other and with Cabrillo Credit Union that all shares and all accumulations thereon are subject to withdrawal or receipt by any of the owner(s), and payments to any of them shall be valid and discharge Cabrillo Credit Union from any liability for such payment. Cabrillo Credit Union makes credit available to its members on a regular basis. I/We authorize our credit union to obtain credit reports in connection with future credit opportunities.

**Opt out Courtesy Pay on membership application**  
 I would like to opt out of Courtesy Pay services offered by Cabrillo Credit Union. If I do not have overdraft protection set up on my account and an item is presented for payment without sufficient funds to pay it, the item will be returned unpaid and a non-sufficient funds fee per item will be assessed to my account.  
 If you receive a social security direct deposit or other federal benefit check, you must opt-out if you do not want us to apply those funds to repay an overdraft.

I do not wish to receive an statement. Please provide me with a periodic statement via the postal service.

X \_\_\_\_\_  
**Primary Member Signature** **Date**

X \_\_\_\_\_  
**Joint Owner Signature** **Date**

## For Internal Use Only

ChexSystems	Eligibility	Family/Related Accounts	Open by
			Date