CABRILLO CREDIT UNION

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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

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

☐ 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 Services

☐ Savings
☐ Checking
☐ Money Market
☐ Certificate
☐ IRA
☐ Direct Deposit
☐ ATM Card
☐ Debit Card
☐ MasterCard
☐ Loan
☐ Home Banking/TellerPhone
☐ Online Bill Payment

Overdraft Protection

I authorize automatic overdraft protection from:

☐ Savings account
☐ MasterCard
☐ Overdraft Protection Loan (need to apply)

Account Number

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

Additional Information

☐ ID Checked ☐ 2nd form of ID Checked

☐ OFAC _____

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, acquisiton 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.

Initials _____

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 estatement. 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

10/5/2016 IR

FormName: Membership Application MemberName: AccountNumber: Date