

Cabrillo Credit Union

Membership Application

Follow these simple steps to become a member:

Step 1: Complete the membership application fully on the next page and sign.

Step 2: Make a photocopy of your valid Driver's License or U.S. Government issued ID.

Step 3: Please bring the completed application and ID into any Cabrillo Branch location or mail** to:

Cabrillo Credit Union
10075 Carroll Canyon Road
Suite 120
San Diego, CA 92131

* If designating a beneficiary, please be sure to include all information required on the form.

** If application is being mailed to us, it **must** be notarized.

Online Services Available!

Once your account is opened, be sure to take advantage of our convenient online services like Bill Payment and eStatements.

To enroll in eBranch, click on the "New User/Forgot Your Password?" link in the Member Login box on our homepage.



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	
Previous Employer (If current is less than 2 years)		Length (Yrs.)	E-mail 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	
Previous Employer (If current is less than 2 years)		Length (Yrs.)	E-mail 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

Emergency Contact Information
Name

Address

Phone

- 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).
- UTMA - As custodian for _____ (minor) under the California Uniform Transfer to Minors Act.
- Account title for Sole Proprietor _____.

- 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)

Additional Information
() ID Checked
() OFAC

Application Reviewed by

Membership Officer: Dawn Davidson

Signature

Signature and Agreements

-W9-

Primary Member

Social Security Number

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/Sharp/Carlsbad 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.

Primary Member Signature **Date**

Joint Owner Signature **Date**

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.

Primary Member Signature **Date**

For Internal Use Only

ChexSystems	Eligibility	Family/Related Accounts	Open by
			Date