

## Membership Application

New       Update      Member No. \_\_\_\_\_

**Important Information About Opening a New Account.** To help our government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person when opening a new account. What does this mean for you? When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification. You must live, work or worship within our field of membership (SC & N Mont County).  
 Worship \_\_\_\_ Work \_\_\_\_ Live \_\_\_\_ (We may request proof)

**MEMBER/OWNER INFORMATION**

Member/Owner Name:	SSN/TIN:	
Physical Address:	ID Type (Driver's Lic.):	
City/State/Zip:	ID Number (License No.):	
Mailing Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Main Phone:	Password:	Mothers Maiden Name:
Work Phone:                      Secondary Phone:	E-Mail:	
Employer:	Occupation:	

Do you have another bank account?  Yes  No    Household Size: \_\_\_\_\_    Monthly Household Income: \$ \_\_\_\_\_

If address discrepancy exist between your ID and address stated on the form you are acknowledging that the information on this form is your most current residence. \_\_\_\_\_ initials

**ELECTION OF SHARE OR DEPOSIT ACCOUNT TYPES AND SERVICES AND SOURCE OF FUNDS**

All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change.

Account Type/Suffix	Source of Funds
<input type="checkbox"/> Share/Savings:                      \$ _____	_____ Cash
<input type="checkbox"/> Share Draft/Checking:            \$ _____	_____ Check(s):
<input type="checkbox"/> Share Certificate/Certificate: \$ _____	From what institution(s): _____
<input type="checkbox"/> Money Market:                      \$ _____	Internal Transfer: Member #/Account # _____
<input type="checkbox"/> HSA:                                      \$ _____	Total Deposit

**ACCOUNT OWNERSHIP - Please complete this section if you desire joint owners on your share or deposit accounts.**

Designate the ownership of the accounts and responsibility for the services requested.  
 Individual     Joint Account with Rights of Survivorship

Joint Owner:	SSN/TIN:	
Physical Address:	ID Type (Driver's Lic.):	
City/State/Zip:	ID Number (License No.):	
Mailing Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Main Phone:	Password:	Mothers Maiden Name:
Work Phone:                      Secondary Phone:	E-mail:	
Employer:	Occupation:	
Do you have another bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No    Household Size: _____	Monthly Household Income: \$ _____	

Joint Owner:	SSN/TIN:	
Physical Address:	ID Type (Driver's Lic.):	
City/State/Zip:	ID Number (License No.):	
Mailing Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Main Phone:	Password:	Mothers Maiden Name:
Work Phone:                      Secondary Phone:	E-mail:	
Employer:	Occupation:	
Do you have another bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No    Household Size: _____	Monthly Household Income: \$ _____	

**ACCOUNT DESIGNATIONS - Please complete this section if you desire any beneficiary or custodian on your share or deposit accounts.**

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Beneficiary/POD Payee: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

UTMA/UGMA (as custodian for \_\_\_\_\_ under the Uniform Transfers/Gifts to Minors Act)

Minor's SSN/TIN: \_\_\_\_\_ (minor)

Other:

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

*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), 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. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*

**Certification Instructions.** 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

**OVERDRAFT PROTECTION AUTHORIZATION**

Overdraft protection is available from savings accounts, Visa accounts and lines of credit under the same membership as the checking account as well as from savings, Visa or lines of credit under other member numbers. **Transfers from other memberships must be authorized by all signers of that membership.** A \$5 fee is posted to your checking account for each transfer. Multiple transfers per day are possible. A transfer from a Visa account is considered a cash advance with finance charges accruing from the date of the transfer until the advance is fully paid. Visa and line of credit transfers are made in \$50 increments. **IF YOUR VISA OR LINE OF CREDIT MINIMUM PAYMENT IS PAST DUE, THE TRANSFER WILL NOT BE MADE.**

I DO want overdraft protection coverage for my Santa Cruz Community Credit Union checking account from my savings account(s), Visa account(s) and/or line(s) of credit in the following order:

Savings/Visa/LOC  
Account Number

First, transfer available funds from: \_\_\_\_\_

Then, if necessary, transfer available funds from: \_\_\_\_\_

Then, if necessary, transfer available funds from: \_\_\_\_\_

I DO NOT want overdraft protection coverage.

**ACKNOWLEDGMENTS**

**Credit Report Authorization:** By signing below you authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension or collection of credit you receive. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.

**For Account and/or Account Service Requests:** By signing below you acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice, and to any amendments to these documents that the Credit Union may make from time to time.

*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

SIGNATURE DATE

SIGNATURE DATE

SIGNATURE DATE

SIGNATURE DATE

**FOR CREDIT UNION USE ONLY**

Date of Membership: \_\_\_\_\_ Opened/Approved By: \_\_\_\_\_

Verification Completion Date: \_\_\_\_\_ By: \_\_\_\_\_