



# MEMBERSHIP APPLICATION & AGREEMENT

P.O. Box 4946, Covina, CA 91723  
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NEW       REVISION       NAME CHANGE

Membership Number
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<b>1. Account Type(s):</b>	<input type="checkbox"/> Primary Savings	<input type="checkbox"/> Classic Checking	<input type="checkbox"/> Minor Checking (Ages 14-17 years)
	<input type="checkbox"/> Silver Checking	<input type="checkbox"/> Fresh Start Checking	
<b>Account Ownership:</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Joint With Right of Survivorship	<input type="checkbox"/> Payable-On-Death (POD) <input type="checkbox"/> Representative Payee

## 2. IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

To help the 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 who opens an Account.

What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

## 3. Membership Eligibility (fill in this section if this is a new Account, otherwise proceed to Section 4)

Church       Religious Organization      Eligibility Name of Church or Religious Organization/City: \_\_\_\_\_

What is the name of the Member You are related to? \_\_\_\_\_ Relationship: \_\_\_\_\_

## 4. Primary Owner Information Member      Other      Specify: \_\_\_\_\_

Print Primary Owner's Information (Name First, Last, MI & Suffix)				Are You a Non-Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone No.	Mobile No.	Email Address		Primary Owner Date of Birth	
Social Security Number	Driver's License Number	Exp. Date	State	Mother's Maiden Name	
Physical Address		City		State	Zip
Mailing Address (if different than above)		City		State	Zip

## 5. Joint Owner 1 Joint Owner      Other      Specify: \_\_\_\_\_

Print Joint Owner 1 Information (Name First, Last, MI & Suffix)					
Home Phone No.	Mobile No.			Joint Owner Date of Birth	
Social Security Number	Driver's License Number	Exp. Date	State	Mother's Maiden Name	
Physical Address		City		State	Zip
Email Address		Relationship to Primary Owner			

## 6. Joint Owner 2 Joint Owner      Other      Specify: \_\_\_\_\_

Print Joint Owner 2 Information (Name First, Last, MI & Suffix)					
Home Phone No.	Mobile No.			Joint Owner Date of Birth	
Social Security Number	Driver's License Number	Exp. Date	State	Mother's Maiden Name	
Physical Address		City		State	Zip
Email Address		Relationship to Primary Owner			

## 7. Joint Owner 3 Joint Owner      Other      Specify: \_\_\_\_\_

Print Joint Owner 3 Information (Name First, Last, MI & Suffix)					
Home Phone No.	Mobile No.			Joint Owner Date of Birth	
Social Security Number	Driver's License Number	Exp. Date	State	Mother's Maiden Name	
Physical Address		City		State	Zip
Email Address		Relationship to Primary Owner			

**8. ATM Card/VISA Debit Card/Internet Banking/Mobile Banking**

You are requesting the convenience of 24-hour access to Your Credit Union Account in conjunction with a Personal Identification Number (PIN) or Access Code. Your ATM or VISA Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATMs and will also allow You to pay for services and purchases directly from Your linked account. You would like:

ATM Card       VISA Debit Card       Internet Banking       Mobile Banking

Name on Card 1: \_\_\_\_\_ Name on Card 2: \_\_\_\_\_

Name on Card 3: \_\_\_\_\_ Name on Card 4: \_\_\_\_\_

**9. Payable-On-Death Account Beneficiary Designation**

In the event of Your death, You hereby designate the following beneficiary(ies). For additional Beneficiaries, please see additional Beneficiary Designation form.

Name (Name First, Last, MI & Suffix)	Date of Birth	Phone	Social Security Number
Address		E-Mail Address	
Name (Name First, Last, MI & Suffix)	Date of Birth	Phone	Social Security Number
Address		E-Mail Address	
Name (Name First, Last, MI & Suffix)	Date of Birth	Phone	Social Security Number
Address		E-Mail Address	

**10. Overdraft Protection (if opening a checking Account)**

Your request that any of Your overdrafts be covered by transferring funds from Your Loan/Account I.D. identified below in the order specified.

Priority	Source	Account I.D.
1		
2		
3		

**11. Request to Receive Electronic Documentation (Including eStatements)**

If this box is checked, You request that We provide documentation to You electronically according to the consent to receive electronic documentation disclosure, which You acknowledge that You have read, You understand and You agree to its terms. Your consent to receive electronic documentation will not be effective unless and until You electronically affirm Your consent with the Credit Union in a manner that demonstrates Your ability to receive such documentation in electronic form.

**12. Taxpayer Identification and Backup Withholding**

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfers to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code \_\_\_\_\_.

**INSTRUCTION TO SIGNER.** If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

**DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.**

We will be unable to open an Account for You without a taxpayer identification number.

**13. Signatures**

You hereby apply for membership with United Catholics Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of United Catholics Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Savings Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for United Catholics Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

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

Applicants (Primary Owner) Signature	Date	Joint Owner 1 Signature	Date
Joint Owner 2 Signature	Date	Joint Owner 3 Signature	Date

**14. Credit Union Use Only**

Date of Membership: \_\_\_\_\_ Opened/by: \_\_\_\_\_ Membership Officer: \_\_\_\_\_