



CREDIT UNION

www.MyCUonline.org

# Membership Application and Account Agreement

Please type or print legibly in black ink; do not detach. Enclose a copy of Driver's License or State I.D. for all signers. Married applicants can apply for an individual account. If you want an individual account in your name please fill in the Primary Account Owner section. If you want a joint account please complete the joint owner section.

### IMPORTANT INFORMATION ABOUT PROCEDURES 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 for your name, address, date of birth and other information that will help us to identify you. We may also ask to see your driver's license or other identifying documentation.

Accounts to Open  Savings  Checking

I enclose my check for \$25.00 which is a one-time membership fee and the initial deposit required for membership in MY Credit Union.

Overdraft Protection  Yes  No

Share Draft Account Overdrafts will be covered by a transfer from:

Share Account # \_\_\_\_\_ Share Account # \_\_\_\_\_ Loan # \_\_\_\_\_

### Primary Account Owner (PLEASE PRINT - All items must be completed)

Last Name	First Name	M.I	Birthdate
Tax ID/Social Security Number	Driver's License #	State	Mother's Maiden Name
Street Address			
City	State	Zip	Home Phone (_____) (_____) _____
Employer	Date of Hire		Work Phone (_____) (_____) _____
E-mail address:			

Membership Eligibility (Name of Employer or Family Member) If eligible through employer, attached a copy of recent pay stub.

Family Member Relationship	If Family Member (or if adding to existing account): Account Number
----------------------------	---

### Joint Owner's Information

Joint Owner's Last Name	First Name	M.I	Birthdate
Joint Owner's Tax ID/Social Security Number	Driver's License #	State	Mother's Maiden Name
Street Address			
City	State	Zip	Home Phone (_____) (_____) _____
Employer	Date of Hire		Work Phone (_____) (_____) _____
E-mail address:			

### Signatures:

By signing below, I certify, in accordance with IRS W-9 instructions under penalties of perjury, that the Social Security Number/Taxpayer Identification Number on the application is correct and that I am not, unless designated below subject to back-up withholding. Unless designated below, I affirm that I have not been notified that I am subject to back-up withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to back-up withholding and I am a US person (including a US resident alien).  I am subject to back-up withholding.

By signing below, I/we acknowledge receipt of MY Credit Union's Master Disclosure and Fee Schedule and agree to their terms and conditions. This authorizes MY Credit Union to do an independent credit review, including the verification of my employment history, and obtaining credit reports now and in the future. MY Credit Union has the right to furnish other credit reporting services with information about my credit. Note: the IRS does not require your consent to any provisions of this document other than the certifications required to avoid back-up withholding.

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

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

Approved by Membership Officer (Name)

### Designation of Beneficiary

The following (Pay on Death) beneficiary is to receive proceeds from my/our Savings accounts upon my death or the death of both joint owners.

Name of Beneficiary	Tax ID/Social Security#	Birthdate
---------------------	-------------------------	-----------

Name of Beneficiary	Tax ID/Social Security#	Birthdate
---------------------	-------------------------	-----------

### Mailing Address

P.O. Box 5824  
Redwood City, CA  
94063-0824

### Contact Us

T: (650) 366-5522  
F: (650) 366-5511  
Outside Northern CA:  
(800) 542-4163  
e-mail: info@mycuonline.org

### Branch Hours

9:00 am to 4:00 pm  
Monday - Friday  
660 A Price Ave.  
Redwood City, CA 94063

### Access 24

(888) 691-0743  
Audio Response System

### CU Service Centers

Provides in-person access to your MyCU account at another credit union.  
For the nearest location:  
(888) 287-9475  
www.fscc.com

