

Membership Application



Or Apply Online at CUSoCal.org

I am: A new Member Making a change to my current account

To become a CU SoCal Member, complete the application below and sign where indicated. Enclose a check or money order for your \$15 Membership fee (\$10 Membership Par Value, \$5 one-time Membership fee; fee is waived with eStatements or online applications), the minimum deposit required for requested accounts and a copy of your driver's license or state ID for primary and joint owners. Then securely seal these documents and bring to a branch or mail to CU SoCal.

Please sign me up for:	<input type="checkbox"/> MONEY MARKET	<input type="checkbox"/> VISA® DEBIT CARD	Please contact me for:
<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CERTIFICATE	<input type="checkbox"/> DIGITAL BANKING	
<input type="checkbox"/> HOLIDAY SAVER	<input type="checkbox"/> CHECKING	<input type="checkbox"/> PHONE BANKING	
<input type="checkbox"/> SUMMER SAVER	<input type="radio"/> Rewards	<input type="radio"/> Classic	
		<input type="checkbox"/> Fixed/Adjustable Mortgage loan	
		<input type="checkbox"/> HELOC/Home Equity loan	
		<input type="checkbox"/> Other _____	

Primary Member Information

Primary Member Name		Social Security #	
Physical Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Home Phone	Business Phone	Cell Phone	
Date of Birth	Driver's License # / ID #	Mother's Maiden Name	
Employer	Current Position		
Length of Employment	Email Address	Passcode	

Joint Owner Information

Joint Member Name		Social Security #	
Physical Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Home Phone	Business Phone	Cell Phone	
Date of Birth	Driver's License # / ID #	Mother's Maiden Name	
Employer	Current Position		
Length of Employment	Email Address	Passcode	

Joint Owner Information

Joint Member Name		Social Security #	
Physical Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Home Phone	Business Phone	Cell Phone	
Date of Birth	Driver's License # / ID #	Mother's Maiden Name	
Employer	Current Position		
Length of Employment	Email Address	Passcode	

New Account #

Joint Owner Information

Joint Member Name		Social Security #		
Physical Address		City	State	Zip
Mailing Address (if different)		City	State	Zip
Home Phone	Business Phone	Cell Phone		
Date of Birth	Driver's License # / ID #	Mother's Maiden Name		
Employer		Current Position		
Length of Employment	Email Address	Passcode		

Designation of Beneficiary (Pay-on-Death Payee)

In the event of my death and all other joint owners predecease me, I hereby designate the person(s)* whose name appears below as my beneficiary to receive any and all amounts in this account.

Name of Beneficiary 1	Relationship to Member	Address	City	State	Zip
Name of Beneficiary 2	Relationship to Member	Address	City	State	Zip

*If more than one Beneficiary is named, amounts will be divided equally among all Beneficiaries.

Overdraft Protection

Checking account overdrafts will be covered by a transfer* from (you may choose from a Savings, Checking, Money Market or Line of Credit account).

* **NOTE:** Regulation D limits the number of withdrawals on non-transaction accounts each month. A maximum total of six (6) pre-authorized share transfers may occur during a calendar month.

1.	<u>FROM</u> Account #	<u>TO</u> Account #	Account ID	Loan ID
2.	<u>FROM</u> Account #	<u>TO</u> Account #	Account ID	Loan ID

Overdraft options will also apply to electronic (ACH) and debit card transactions.

Member/Joint Owner Signature

I hereby apply for Membership in Credit Union of Southern California (CU SoCal). By signing below, I acknowledge that I have received a copy of CU SoCal's Truth-in-Savings Disclosure and Account Agreement, titled About Your Credit Accounts, and agree to be bound by its terms, and the CU SoCal by-laws and any amendments thereto. I acknowledge that I have received a copy of the current Schedule of Fees. I authorize CU SoCal to obtain credit reports in connection with this account and any future services or credit opportunities. I authorize CU SoCal to open other accounts for me in person, as instructed in writing or per my telephone request.

CONSENT TO CONTACT (Non-Telemarketing Only)

I give my express consent for CU SoCal and others acting on behalf of CU SoCal to contact me at any telephone number, including any cellular telephone number, that I provide to CU SoCal at any time, either verbally or in writing, or that CU SoCal obtains from any other source (including any wireless phone or VoIP number). I agree that CU SoCal may contact me using any calling or texting technology (including any automatic telephone dialing system, artificial voice or prerecorded voice) regarding this account or any other relationship (including any account, loan or debt) I now or later have with CU SoCal.

I agree that I have not provided, and will not provide to CU SoCal, any telephone number unless I am the subscriber to the service or the customary user of the telephone to which that number relates unless I tell CU SoCal in writing. If I revoke this authorization, I agree to do so in a way that is likely to provide CU SoCal with notice in time to process that revocation before it makes any further calls or sends any further texts, by requesting my revocation in writing and sending it to P.O. Box 200, Whittier, CA. 90608.

I agree that to the extent this waiver provision is deemed to be unenforceable in any respect, this waiver provision shall be deemed severable from this Agreement(s) and the remaining provisions of this contract shall remain fully enforceable in all other respects.

CONSENSUAL LIEN. If I am issued a credit card, I grant and consent to a lien on my shares with CU SoCal (except IRA accounts) and any dividends due or to become due to me from CU SoCal to the extent I owe on any unpaid credit card balance.

I certify under penalties of perjury that the Social Security Number or Employer Identification Number above is my correct tax identification number, I am NOT subject to backup withholding because (a) I am exempt, or (b) I have not been notified 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 I am a U.S. person (including a U.S. resident alien). I am exempt from FATCA reporting. 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 or dividends on your tax return. Cross out item 3 above and complete a W-8 BEN if you are not a U.S. person. Cross out item 4 and complete a W-9 if you are subject to FATCA. The IRS does not require your consent to any provisions of this document other than the certifications to avoid backup withholding.

I certify that all information given in connection with this Agreement is accurate. I understand that you may verify all information I have given.

<input checked="" type="checkbox"/>	Member Signature	Date	<input checked="" type="checkbox"/>	Joint Owner Signature	Date
<input checked="" type="checkbox"/>	Joint Owner Signature	Date	<input checked="" type="checkbox"/>	Joint Owner Signature	Date

Internal Use Only

Membership approved by	Signature	Date	User ID
ID Issue Date	Exp. Date	Membership Officer Initials	New Account Number