

# Membership Application



Or Apply Online at [CUSoCal.org](http://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), 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:

- SAVINGS
- HOLIDAY SAVER
- SUMMER SAVER
- MONEY MARKET
- CERTIFICATE/ACCESS CERTIFICATE
- CHECKING
- Rewards  Classic

- VISA® DEBIT CARD
- CU ONLINE eSERVICES
- PHONE BANKING

### Please contact me for:

- Fixed/Adjustable Mortgage loan
- HELOC/Home Equity loan
- 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	

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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		
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New Account #
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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.	<b>FROM</b> Account #	<b>TO</b> Account #	Account ID	Loan ID
2.	<b>FROM</b> Account #	<b>TO</b> 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, titled *About Your Credit Accounts*, and agree to be bound by its 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 credit opportunities. I authorize CU SoCal to open other accounts for me in person, as instructed in writing or per my telephone request.

I give Credit Union of Southern California express permission to contact me directly using any phone number I provided at the time of opening my account, updating my account, changing phone numbers in writing or verbally, including any cellular phone numbers. In addition, I grant CU SoCal express permission to contact me at any other phone number(s) located for me in the future to discuss any and all aspects pertaining to any account/loan/debt which I ever hold at CU SoCal. 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 you are issued a credit card, you grant and consent to a lien on your shares with us (except IRA accounts) and any dividends due or to become due to you from us to the extent you owe on any unpaid credit card balance.

I certify under penalties of perjury that ❶ the Social Security Number or Employer Identification Number above is my correct tax identification number, ❷ 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 ❸ I am a U.S. person (including a U.S. resident alien). ❹ 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.

X	Member Signature	Date	X	Joint Owner Signature	Date
X	Joint Owner Signature	Date	X	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