

# 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
- Summer/Holiday Saver

- Money Market
- Certificate/Access Certificate
- FREE Checking with eStatements
  - Value
  - Value +
  - E-Z-Earn

- Visa® Debit Card
- CU OnLine eServices
- PhoneTeller

### Please contact me for:

- Fixed/Adjustable Mortgage loan
- HELOC/Home Equity loan
- Other \_\_\_\_\_

## Primary Member Information

Primary Member Name (print)		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		

## Joint Owner Information

Joint Member Name (print)		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		

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Mailing Address (if different)	City	State	Zip
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New Account #
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Date of Birth	Driver's License # / ID #	Mother's Maiden Name		
Employer		Current Position		
Length of Employment	Email Address			

## 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
Name of Beneficiary 3	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. If no funds are available, we may cover your transaction using CU SoCal Courtesy Pay Service. A fee may be charged for this service. If no funds are available, item(s) will be returned unpaid.

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) 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 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 certify under penalties of perjury that (1) the Social Security Number or Employer Identification Number above is my correct tax identification number, (2) 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 (3) I am a U.S. person (including a U.S. resident alien). 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. The IRS does not require your consent to any provisions of this document other than the certifications to avoid backup withholding.

<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	User ID		
ID Issue Date	Exp. Date	Membership Officer Initials	New Account Number