





MEMBERSHIP APPLICATION

PAY ON DEATH

Pay on death-In the event of Your death, You the undersigned, a member of the credit union, hereby designate the following beneficiary (ies)

Table with 4 columns: Name/Relationship, Social Sec #, Date of Birth, Percentage. Two rows for beneficiary information.

FUTURE CREDIT OPPORTUNITIES AND ACKNOWLEDGEMENT OF RECEIPT OF TRUTH-IN-SAVINGS DISCLOSURE

The terms and conditions of your deposit account agreements are contained in your Credit Union's Truth-In-Savings Disclosure and Electronic Services Disclosure and Agreement (Disclosures). All the terms, conditions and information contained in this Membership and Account Application, and any amendments thereto, are by this reference incorporated in their entirety into the Disclosures.

The Credit Union makes credit available to its members on a regular basis. The Account applicant (s) authorize the Credit Union to obtain credit reports in connection with future credit opportunities, and the Account applicant (s) authorize any person association or corporation to furnish information concerning the Account to credit reporting agencies.

X \_\_\_\_\_ X \_\_\_\_\_
Member/Legal Guardian Signature Date
X \_\_\_\_\_ X \_\_\_\_\_
Joint Owner Signature Date
X \_\_\_\_\_ X \_\_\_\_\_
Joint Owner Signature Date

PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION #: \_\_\_\_\_

NAME

PART 1. Taxpayer's Identification Number (TIN) Enter your TIN in the box below. For individuals, this is your social security number (SSN). Social Security No. \_\_\_\_\_

PART 2. Certification. Under penalty of perjury I certify that:

- 1) The number shown on this form is my correct taxpayer identification number and
2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) 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).

Certification instructions. 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 and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

X \_\_\_\_\_ X \_\_\_\_\_
Signature of the Member/Legal Guardian whose TIN is stated above Date



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\*ATM/DEBIT CARD COURTESY PAY OVERDRAFT PROTECTION COVERAGE

Chaffey Jr. Youth Accounts do not qualify for Courtesy Pay Overdraft

Chaffey FCU ATM/Debit Card Courtesy Pay Overdraft Coverage on your savings and checking account may allow your everyday ATM/Debit card transactions to be approved, when funds are not available (depending upon account history, rewards level and/or Courtesy Pay).

By choosing "Yes-Opt In", allows Chaffey FCU to pay for everyday ATM/Debit card transactions when funds are not available. A fee of \$28 will be charged each time we pay an overdraft.

By choosing "No-Opt Out", will not allow Chaffey FCU to pay for ATM/Debit card purchases against insufficient or unavailable funds. The transaction will be denied if funds are not available.

Yes-Opt In X \_\_\_\_\_ X \_\_\_\_\_
Signature Date

No-Opt Out X \_\_\_\_\_ X \_\_\_\_\_
Signature Date

FOR CREDIT UNION USE ONLY:

MEMBERSHIP GROUP # \_\_\_\_\_
OFAC: PRIMARY \_\_\_\_\_ JOINT #1 \_\_\_\_\_ JOINT #2 \_\_\_\_\_
CHEXSYSTEMS: PRIMARY \_\_\_\_\_ JOINT #1 \_\_\_\_\_ JOINT #2 \_\_\_\_\_
CREDIT SCORE: \_\_\_\_\_

Address matches driver's license Address does NOT match driver's license - alternatively verified
Document Verified (i.e., utility bill) \_\_\_\_\_

- Disclosures provided to member
Deposit Account Agreement and Truth In Savings\*
Electronic Services Disclosure and Agreement\*
Privacy Policy
Schedule of Fees, Member Value Pricing Matrix
ATM/Debit Card Courtesy Pay Overdraft Protection
Instructions to Obtain Electronic Disclosures
Chaffey Plus Packet

\*These items are considered provided to the member if member initialed on Page 2 and the "Instructions to Obtain Electronic Disclosures" were given to the member

THIS APPLICATION FOR MEMBERSHIP APPLICATION APPROVED BY:

Date Employee Signature Employee User #

Date Supervisor/Manager Signature Supervisor/Manager User #