

Account Number: _____

SERVICES REQUESTED

- | | | |
|---|---|--|
| <input type="checkbox"/> Savings (Share) Account | <input type="checkbox"/> Credit Card | <input type="checkbox"/> CU Succeed Teen Account |
| <input type="checkbox"/> ATM/Debit Card | <input type="checkbox"/> Summer Paycheck Account | <input type="checkbox"/> Holiday Club |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Share Certificate | <input type="checkbox"/> Other Share Type(s) |
| <input type="checkbox"/> Direct Deposit/Payroll Deduction | <input type="checkbox"/> Money Market Account | <input type="checkbox"/> Account Password: _____ |
| <input type="checkbox"/> Home Banking | <input type="checkbox"/> Kirby Kangaroo Kids Club | |

This membership and account application card covers all accounts listed and services established/opened hereafter under this member account number.

MEMBER INFORMATION

Member Name (please print) _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Driver's Lic. # _____ Date of Birth _____

Employer/Occupation _____ Business Phone _____ Mother's Maiden Name _____

Email Address _____

I'm eligible to join Chaffey FCU as:

Employee of _____
(company name)

Referred by Family Member _____
(family member name/relationship)

Association Member of _____

Member Signature _____ Date _____

Joint Owner(s) Name (please print)		Social Security Number	
Address			
City		State	Zip
Home Phone	Business Phone	Cell Phone	
Driver's Lic. #		Date of Birth	
Employer/Occupation	Business Phone	Mother's Maiden Name	
Joint Owner's Signature		Date	

DESIGNATION OF BENEFICIARY (PAY-ON-DEATH BENEFICIARIES)

Pay on Death – in the event of your death, You, the undersigned, a member of the Credit Union, hereby designate the following beneficiary(ies):

Beneficiary Name/Relationship	OR	Social Security Number
Date of Birth		Percentage
Beneficiary Name/Relationship		Social Security Number
Date of Birth		Percentage

FUTURE CREDIT OPPORTUNITES 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. 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 Truth-in-Savings Disclosure. By signing this Application, you are acknowledging that you have received a copy of the Truth-in-Savings Disclosure, the terms and conditions of this Membership and Account Application, and the terms and conditions of the Credit Union's Account Agreement(s) and any amendments thereto.

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. Pursuant to State law, you are hereby notified that a negative credit report reflection on your credit record may be submitted to a credit reporting agency, if you fail to fulfill the terms of your credit obligations.

Member Signature	Date
Joint Owner Signature	Date

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 Number: _____

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.

Signature of the Person Whose TIN is Stated Above

Date

FOR CREDIT UNION USE ONLY

OFAC _____ CHEX Systems _____ Credit Score _____ DC # _____

APPROVED BY: _____ Waive NMF Y N Valid Thru _____ Event _____

Date

Signature

THANK YOU!

