



## MEMBERSHIP APPLICATION

Account No: \_\_\_\_\_ Password: \_\_\_\_\_ User Name (HB): \_\_\_\_\_  
(8 TO 12 characters, must begin with a letter)

**New Membership accounts must include: \$10 Membership Fee and \$5 minimum balance**

- |   |   |   |   |
|---|---|---|---|
| <input type="radio"/> Share/Savings     | <input type="radio"/> Chaffey Jr. Youth | <input type="radio"/> Individual            | <input type="radio"/> Paper                       |
| <input type="radio"/> Share             | <input type="radio"/> Checking          | <input type="radio"/> Retirement Acct       | <input type="radio"/> statements                  |
| <input type="radio"/> Draft/Checking    | <input type="radio"/> Share Certificate | <input type="radio"/> (Simplifier Attached) | <input type="radio"/> (refer to Schedule of Fees) |
| <input type="radio"/> Chaffey Jr. Youth | <input type="radio"/> Money Market      | <input type="radio"/> Checks                | <input type="radio"/> Debit Card                  |
| <input type="radio"/> Savings           | <input type="radio"/> Holiday Club      | <input type="radio"/> Loan                  |   |
|   | <input type="radio"/> Summer Savers     | <input type="radio"/> Credit Card           |   |

### MEMBER INFORMATION

PLEASE PRINT

NAME: First Name, Middle Initial, Last Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Employer Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Identification Number (i, e., DL, ID, Passport) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Mother's Maiden Name (last name) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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

### JOINT MEMBER INFORMATION

PLEASE PRINT

NAME: First Name, Middle Initial, Last Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Employer Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Identification Number (i, e., DL, ID, Passport) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Mother's Maiden Name (last name) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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



## MEMBERSHIP APPLICATION

### JOINT MEMBER INFORMATION

PLEASE PRINT

NAME: First Name, Middle Initial, Last Name		Social Security No.
Physical Address		City, State, Zip
Home Phone Number	Employer Phone Number	Cell Phone Number
Identification Number (i, e., DL, ID, Passport)	Date of Birth	Mother's Maiden Name (last name)
Email Address		
Employer	Occupation	
Employer Address	City, State, Zip	
X _____ Joint Member/Legal Guardian Signature		_____ Date

### PAY ON DEATH

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

Full Name of beneficiary and Relationship	Social Security No.	Date of Birth	Percentage
Full Name of beneficiary and Relationship	Social Security No.	Date of Birth	Percentage
Full Name of beneficiary and Relationship	Social Security No.	Date of Birth	Percentage

### CHAFFEY FCU ATM/DEBIT CARD - COURTESY PAY OVERDRAFT COVERAGE

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).

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

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.

<b>Yes-Opt In</b>	X _____ Signature for authorization	X _____ Date
<b>No-Opt Out</b>	X _____ Signature for declination	X _____ Date



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### OVERDRAFT PROTECTION SERVICE

You authorize Chaffey FCU to make transfers of available funds automatically from your eligible Share Savings account to cover overdrafts in your checking account. Opt-In \_\_\_\_\_ Opt-Out \_\_\_\_\_

### MEMBER APPLICATION

**PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER:** \_\_\_\_\_  
NAME: First Name, Middle Initial, Last 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 (SSN) or Taxpayer Identification Number (TIN) (Primary): \_\_\_\_\_

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

### 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. An electronic copy of Disclosures may be obtained by visiting [www.chaffey.com](http://www.chaffey.com) and clicking on the Member Services tab. Additional disclosures are available on that website, such as our Privacy Policy and Schedule of Fees. **By initialing here, you agree to obtain said disclosures electronically and acknowledge receipt thereof.** ☐ You acknowledge that you have received either a physical or electronic copy of the Disclosures, 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.

### FUTURE CREDIT OPPORTUNITIES

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 agency, if you fail to fulfill the terms of your credit obligations.

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

X \_\_\_\_\_ X \_\_\_\_\_  
Joint Member Signature Date

X \_\_\_\_\_ X \_\_\_\_\_  
Joint Member Signature Date

## MEMBERSHIP APPLICATION

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**FOR CREDIT UNION USE ONLY:**

**Member Qualifier/Census Tract:** ☐ Approved ☐ Denied    **Printed FOM Validation** ☐ \_\_\_\_\_ (initials)

**FOM Qualification:**

- ☐ Volunteers in the Community
- ☐ Members of Immediate family or household
- ☐ Spouses of persons who died while within the FOM
- ☐ Organizations of such persons
- ☐ Employees of Chaffey Federal Credit Union

**OFAC:**            Primary \_\_\_\_\_ Joint \_\_\_\_\_ Joint \_\_\_\_\_ Joint \_\_\_\_\_  
**ChexSystems:** Primary \_\_\_\_\_ Joint \_\_\_\_\_ Joint \_\_\_\_\_ Joint \_\_\_\_\_

**Address Matches Driver's License:**

☐ Primary \_\_\_\_\_  
☐ Joint \_\_\_\_\_  
☐ Joint \_\_\_\_\_

**Address does NOT match Driver's License-Document Verified:**

☐ Primary \_\_\_\_\_  
☐ Joint \_\_\_\_\_  
☐ Joint \_\_\_\_\_

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**DISCLOSURES PROVIDED TO MEMBER:**

- ☐ Deposit Account Agreement and Truth and Savings\*
- ☐ Disclosed New Account check holds
- ☐ Electronic Services Disclosure and Agreement\*
- ☐ Privacy Policy\*\*
- ☐ Schedule of Fees\*\*
- ☐ Instructions to Obtain Electronic Disclosures
- ☐ Chaffey Plus Packet

\*These items are considered provided to the member if member initialed on Page 3 and the "Instructions to Obtain Electronic Disclosures" were given to the member. \*\*These disclosures must be provided to member(s) via hard copy regardless of initials.

**THIS APPLICATION FOR MEMBERSHIP APPLICATION APPROVED BY:**

DATE	EMPLOYEE SIGNATURE	EMPLOYEE USER#
DATE	SUPERVISOR/MANAGER SIGNATURE	EMPLOYEE USER#