



# MEMBERSHIP APPLICATION & ACCOUNT AGREEMENT

Account Number: \_\_\_\_\_

Application Type:  New Membership  Update Account Information  Add Joint Owner(s)  
 New Shares

Account Ownership:  Individual (sections 1, 2, 5)  Individual with Beneficiaries (sections 1, 2, 3, 5)  Joint (sections 1, 2, 4, 5)  Joint with Beneficiaries (sections 1-5)

## MEMBERSHIP ELIGIBILITY

1.  CITY OF FONTANA  K-9 PALS  FONTANA USD  OTHER \_\_\_\_\_ DEPT.# \_\_\_\_\_  
OR  
2. FAMILY MEMBER OF: \_\_\_\_\_ ACCOUNT.# \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
(Full Name)

## ACCOUNTS REQUESTED (check all that apply)

REGULAR SHARES ID: \_\_\_\_\_  SUMMER SAVINGS ID: \_\_\_\_\_  SUB-SHARES ID: \_\_\_\_\_  SHARE CERTIFICATE ID: \_\_\_\_\_  
 CHRISTMAS CLUB ID: \_\_\_\_\_ MATURITY POSTING:  BY CHECK  AUTO TRANSFER TO ACCOUNT# \_\_\_\_\_  
 SHARE DRAFT/CHECKING ID: \_\_\_\_\_ WIRES:  DOMESTIC  
OVERDRAFT PROTECTION:  REGULAR SHARES  OTHER ACCOUNT# \_\_\_\_\_  LOC  NO OVERDRAFT \_\_\_\_\_ (initials)  
AUTOMATED SERVICES:  VISA DEBIT CARD  NO ATM ACCESS  VIRTUAL BRANCH ACCESS PIN

\* This form may be used for multiple accounts only if: 1) All accounts listed above are individual accounts of the member; or 2) All accounts listed above are owned by all joint owners shown below. Any changes and/or the addition of a new account(s) requires the consent and signature of all joint owners. For additional accounts of the member with ownership other than that shown below, a separate signature card must be used.

## SECTION 1 – MEMBER INFORMATION

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# or Tax ID: \_\_\_\_\_  
(Last, First, Middle Initial)

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(No P.O. Boxes allowed)

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If different than above)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Driver's License or State-Issued ID # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Secondary ID: \_\_\_\_\_ Issued By: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Questions: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Password: \_\_\_\_\_

Select a Question: \_\_\_\_\_ Answer: \_\_\_\_\_

## SECTION 2- INTERNAL REVENUE SERVICE CERTIFICATION

Enter your Tax Identification Number in the box below: (For most individual taxpayers, this is their social security number)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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. citizen or other U.S. person (defined in the W-9 Form, General Instructions).

**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 failed to report all interest and/or 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. (See Certification Instructions in the W-9 Form).

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 3- PAY- ON- DEATH (P.O.D.) BENEFICIARY DESIGNATION

This account is subject to the terms and conditions set forth in the Credit Union's disclosures. A Pay-On-Death (P.O.D.) account is an account payable on request to one or more Account Owner(s) during their lifetime and on the death of all Account Owners, to one or more P.O.D. Beneficiaries. Any funds remaining in the Account will first be used to settle any outstanding matured or unmatured debts owed by the Account Owner(s) to FONTANA FCU. All available funds remaining will then be distributed amongst my designated P.O.D. payee(s) within reasonable time. If more than one P.O.D. payee is named, the P.O.D. payees shall share the sums equally. P.O.D. Beneficiaries have no rights to the funds in the Account during the lifetime of any Account Owner. The Credit Union may require certain legal documents before releasing funds in the Account.

Beneficiary #1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last, First, Middle Initial)

Home Address: \_\_\_\_\_

Beneficiary #2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last, First, Middle Initial)

Home Address: \_\_\_\_\_

**SECTION 4- JOINT OWNER(S) DESIGNATION**

Fontana Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business on this account. The joint owners hereby agree with each other and with the Credit Union that all sums now paid in on shares or heretofore or hereafter paid in on shares by any or all of said joint owners to their as such joint owners with all accumulations thereon are and shall be owned by them jointly with right of survivorship without regard to any party's net contribution and be subject to the withdrawal or receipt by any of them and payment to any of them or the survivors shall be valid and discharge the Credit Union from any liability for such payment. Shares in this account may be pledged as collateral for a loan only at this Credit Union by any or all said joint owners as long as joint owner is a member in his/her own right. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them, except by written notice to said Credit Union which shall not affect transactions theretofore made.

Please designate the Joint Owner(s) below on the following accounts:

- REGULAR SHARES ID: \_\_\_\_\_  SUB-SHARES ID: \_\_\_\_\_  SHARE CERTIFICATE ID: \_\_\_\_\_  CHRISTMAS CLUB ID: \_\_\_\_\_
- SUMMER SAVINGS ID: \_\_\_\_\_  SHARE DRAFT/CHECKING ID: \_\_\_\_\_

**JOINT OWNER# 1**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# or Tax ID: \_\_\_\_\_  
(Last, First, Middle Initial)

Home Address: \_\_\_\_\_  
(No P.O. Boxes allowed) City State Zip

Mailing Address: \_\_\_\_\_  
(If different than above) City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Driver's License or State-Issued ID # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Secondary ID: \_\_\_\_\_ Issued By: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Questions:

Mother's Maiden Name: \_\_\_\_\_ Password: \_\_\_\_\_

Select a Question: \_\_\_\_\_ Answer: \_\_\_\_\_

**JOINT OWNER # 2**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# or Tax ID: \_\_\_\_\_  
(Last, First, Middle Initial)

Home Address: \_\_\_\_\_  
(No P.O. Boxes allowed) City State Zip

Mailing Address: \_\_\_\_\_  
(If different than above) City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Driver's License or State-Issued ID # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Secondary ID: \_\_\_\_\_ Issued By: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Questions:

Mother's Maiden Name: \_\_\_\_\_ Password: \_\_\_\_\_

Select a Question: \_\_\_\_\_ Answer: \_\_\_\_\_

**SECTION 5- SIGNATURE(S)**

I hereby make application for membership in and agree to conform to the by-laws (as amended) of FONTANA FEDERAL CREDIT UNION. I understand that if the information I have provided cannot be verified and/or is invalid, my membership/account ownership eligibility may be terminated/denied by the Credit Union. I acknowledge and agree that the signatures on this form control the ownership of other accounts classified as "sub accounts". I acknowledge that I have received a copy of the Credit Union's Truth-in-Savings Disclosure, Electronic Services Disclosure and Agreement, and that I have received a copy of the current Rate and Fee Schedule. All the terms, conditions and information contained in the disclosure and any amendments thereto ("Application") are by this reference incorporate in their entirety into this membership application and account agreement (application). I authorize the Credit Union to contact and inquire my references, my spouse, my employer(s), ( past, present, and future) and to obtain credit reports in connection with this account and any future services provided by the Credit Union as permitted by law. I authorize the Credit Union to furnish information concerning my account and payment history with FONTANA FCU to credit reporting agencies. I authorize the Credit Union to pay any overdraft items and any fees for Credit Union services from funds subsequently deposited into my account. I agree to the terms and conditions of the Disclosures and Application. I understand that the Credit Union may verify all information I have given on the Application.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

- ID Verification  ChexSystems  Membership Eligibility Confirmation \_\_\_\_\_  Supervisor's Initials, if necessary \_\_\_\_\_
- OFAC Verification Completed (for all parties) :  No Match- all parties  Possible Match – see attached
- Disclosures Provided:  TISA Disclosure  Rate Sheet  Schedule of Fees  Privacy Policy  Schedule of Fees  CA Opt-Out notice  EFT Disclosure
- Scanned/Verified:  Member 1<sup>st</sup> and 2<sup>nd</sup> form of ID \_\_\_\_\_  Joint #1 1<sup>st</sup> and 2<sup>nd</sup> form of ID \_\_\_\_\_  Joint #2 1<sup>st</sup> and 2<sup>nd</sup> form of ID \_\_\_\_\_
- Accounts opened: \_\_\_\_\_ (share ID's) Teller # \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_
- Member's other account #s: \_\_\_\_\_ Reason for opening new acct: \_\_\_\_\_ Supv. Review Initials: \_\_\_\_\_

**MEMBERSHIP OFFICER REVIEW AND APPROVAL**

X Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Account Risk Level: \_\_\_\_\_  
Fontana FCU Membership Officer

Comments: \_\_\_\_\_