

Membership Application & Agreement

IMPORTANT INFORMATION ABOUT PROCEDURE(S) FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for Me: When I open an account, You will ask for My name, address, date of birth, and other information that will allow You to identify Me. You may also ask to see My driver's license or other identifying documents.

Account Ownership Individual Joint Account Employee Official IRA
 Moneyland Money101 Money\$smart Moneybound POA

Account Types

Primary Savings Money\$smart Money Market Summertime Savings
 Protection Plus Chk Rebound Chk Youth Certificate Jun 1st Jul 1st Aug 1st
 Rewards Chk Business Prestige Term Share Certificate Christmas Club
 Simply Free Chk IRA Nov 1st

Services

Debit Card
 Online/Mobile Banking

MEMBER INFORMATION, BENEFICIARY AND ELIGIBILITY

Primary Owner Name			First Joint Owner Name		
Home Phone	Cell Phone	Work Phone	Home Phone	Cell Phone	Work Phone
Home Address (street)			Home Address (street)		
(City, State, Zip)			(City, State, Zip)		
Date of Birth		Social Security No.	Date of Birth		Social Security No.
E-Mail		Mother's Maiden Name	E-Mail		Mother's Maiden Name
Occupation		Employer	Occupation		Employer
Length of Employment	Rent/Own	For How Long?	Length of Employment	Rent/Own	For How Long?
Driver's Lic. #	State	Issue Date	Exp. Date	Driver's Lic. #	State
		Issue Date	Exp. Date		

Second Joint Owner Name			Third Joint Owner Name		
Home Phone	Cell Phone	Work Phone	Home Phone	Cell Phone	Work Phone
Home Address (street)			Home Address (street)		
(City, State, Zip)			(City, State, Zip)		
Date of Birth		Social Security No.	Date of Birth		Social Security No.
E-Mail		Mother's Maiden Name	E-Mail		Mother's Maiden Name
Occupation		Employer	Occupation		Employer
Length of Employment	Rent/Own	For How Long?	Length of Employment	Rent/Own	For How Long?
Driver's Lic. #	State	Issue Date	Exp. Date	Driver's Lic. #	State
		Issue Date	Exp. Date		

BENEFICIARY(IES) (Pay-On-Death) In the event of my death, or if there is more than one owner of this account, in the event of death of all the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account established on this form:

First Beneficiary		DOB		Second Beneficiary		DOB	
Social Security No.		Relationship to Primary Owner		Social Security No.		Relationship to Primary Owner	
Third Beneficiary		DOB		Fourth Beneficiary		DOB	
Social Security No.		Relationship to Primary Owner		Social Security No.		Relationship to Primary Owner	

I'm eligible to join Foothill Federal Credit Union (please check ALL that apply):

Employer (SEG)		Verification (For Credit Union Use Only)	
Name of Immediate Family Member			
Relationship	FFCU Account No.		

CHECKING ACCOUNT OVERDRAFT PROTECTION

Checking Account overdrafts can be covered in several different ways. *The Line of Credit is subject to credit approval.*

- From Regular Share Account Only
 First from Line of Credit, then from Regular Share Account
 From Line of Credit Only
 First from Regular Share Account, then from Line of Credit
 No overdraft

Primary Member Annual Income Range []\$1-\$20,000 []\$21,000-\$40,000 []\$41,000-\$60,000 []\$61,000-\$80,000 []\$81,000-\$100,000 []\$101,000-\$150,000 []>\$150,000

Name/describe source of funds for initial deposit? _____

What is the anticipated account activity? (Normal, frequent cash, frequent ach, frequent wire transfer, etc. Frequent = more than 10 transactions per month.) _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

My taxpayer identification number (social security number) is: _____

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (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).

Instructions: 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 dividends on your tax return. Cross out item 3 above and complete a W-8 BEN if you are not a U.S. person.

Note: The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

AGREEMENT

I hereby apply for membership in Foothill Federal Credit Union (FFCU) with this application and certify that I qualify for membership based on the eligibility stated above. I further understand that to continue my membership in FFCU, I must maintain a FFCU deposit account. I authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time, including obtaining a current credit report. I understand that this will assist you in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others. By signing below, I am requesting access to my account through FOOTHILL@HOME Online Banking and Mobile Banking.

By signing below, I acknowledge that I have received a copy, and agree to be bound by the Credit Union's Truth-In-Savings Disclosure/Account Agreement and Electronic Services Disclosure and Agreement and that I have received a copy of the current Rate Sheet and Fee Schedule. I understand that any new account information will be verified. If received by mail, a disclosure will be forwarded to me within 20 days.

I have read and agree to be bound by the terms contained in the "Agreement" section above

Primary Owner Signature _____

First Joint Owner Signature _____

FOR CREDIT UNION USE ONLY - PRIMARY

FOR CREDIT UNION USE ONLY - PRIMARY

VERIFICATION OF ID:

VERIFICATION OF ID:

- Documentary Method Used [] Non-Documentary Method Used

- Documentary Method Used [] Non-Documentary Method Used

VerifiedBy (PrintName): _____ Date: _____

VerifiedBy (PrintName): _____ Date: _____

Membership Officer: _____ Date: _____

Second Joint Owner Signature _____

Third Joint Owner Signature _____

FOR CREDIT UNION USE ONLY - PRIMARY

FOR CREDIT UNION USE ONLY - PRIMARY

VERIFICATION OF ID:

VERIFICATION OF ID:

- Documentary Method Used [] Non-Documentary Method Used

- Documentary Method Used [] Non-Documentary Method Used

VerifiedBy (PrintName): _____ Date: _____

VerifiedBy (PrintName): _____ Date: _____

P.O. BOX 660130
Arcadia, CA 91066-0130
Tel: 626-445-0950
Fax: 626-605-3872

