



Please complete entire form in ink (or type) and sign at bottom.

This application is a:  
 New Application       Revision

CREDIT UNION MEMBER NUMBER
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**Eligibility (Subject to Verification)**

I'm eligible to join CareConnections Federal Credit Union because I am:

- An employee of \_\_\_\_\_
- A family or household member of

Office Use Only:  <input type="checkbox"/> Glendale <input type="checkbox"/> VPH
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NAME	RELATIONSHIP	ACCOUNT NUMBER
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**Account Information**

Individual Account       Joint Account

PRIMARY OWNER NAME			JOINT OWNER NAME		
HOME STREET ADDRESS			HOME STREET ADDRESS		
CITY		STATE	CITY		STATE
		ZIP			ZIP
DATE OF BIRTH	SOCIAL SECURITY	DRIVERS LICENSE & STATE		DATE OF BIRTH	SOCIAL SECURITY
MOTHER'S MAIDEN NAME		HOME PHONE		MOTHER'S MAIDEN NAME	
EMPLOYER		CELL PHONE		EMPLOYER	
OCCUPATION		WORK PHONE		OCCUPATION	
E-MAIL ADDRESS			E-MAIL ADDRESS		

**Beneficiary (ies)** 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.

NAME OF BENEFICIARY		PHONE NUMBER		NAME OF BENEFICIARY		PHONE NUMBER	
ADDRESS		CITY	STATE	ZIP	ADDRESS		CITY

**Choose Services Requested**

- Regular Share (Savings) Account (\$20 minimum deposit) ..... \$ \_\_\_\_\_ \$20.00
- Share Draft (Checking) Account (\$25 initial deposit) ..... \$ \_\_\_\_\_
- Money Market (\$2,500 minimum deposit) ..... \$ \_\_\_\_\_
- Holiday or Vacation Club Account (\$5 minimum deposit) ..... \$ \_\_\_\_\_
- Individual Retirement Account (IRA) (\$1,000 minimum deposit)..... \$ \_\_\_\_\_
- Term Share Certificate Account (\$1,000 minimum deposit) ..... \$ \_\_\_\_\_

**TIN Certification and Backup Withholding Information**

**My taxpayer identification number is (Social Security Number)**

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ARE YOU A U.S. CITIZEN?    PRIMARY OWNER: YES  NO       JOINT OWNER: YES  NO

YES-PLEASE PROVIDE A CLEAR COPY OF YOUR DRIVER'S LICENSE OR STATE ID CARD

NO-PROVIDE A CLEAR COPY OF YOUR PASSPORT SHOWING COUNTRY OF ORIGIN, PHOTO AND PASSPORT NUMBER OR ALIEN IDENTIFICATION CARD (GREEN CARD) OR GOVERNMENT-ISSUED IDENTIFICATION.

U.S. RESIDENT ALIEN: Passport or green card, and driver's license required

NON RESIDENT ALIEN NOT MARRIED TO A U.S. CITIZEN: Passport or green card, W-1 form (Certificate of Foreign Status) required.

AN ACCOUNT IS NOT LEGAL WITHOUT THE REQUESTED DOCUMENTATION

**Acknowledgement and Signature**

I hereby make application for membership and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of CareConnections Federal Credit Union. I acknowledge receipt of the Account Agreement, Privacy Disclosure, Disclosure for Electronic Services, Truth-in-Savings, and the Fee Schedule and agree to be bound by their terms. My signature below and use of the account will confirm my agreement to be bound and my acceptance of the Agreement on the reverse.

**NOTE:** The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X \_\_\_\_\_  
 Primary Owner Signature

X \_\_\_\_\_  
 Joint Owner Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

## ATM Card for Savings Application and Agreement

- YES, I (WE) WANT TO APPLY FOR ATM FOR SAVINGS. I/We understand that a pin will be provided when approved and that should I/we allow someone access to my/our PIN, I/we will be allowing that person access to any of my/our accounts.
- NO, I (WE) DO NOT WANT TO APPLY FOR ATM FOR SAVINGS

I/We understand that the maximum daily cash limit (up to \$300) is determined by credit reports you obtain and may be decreased or increased at your sole discretion. I/We also understand that a minimum of **\$20.00** must be maintained in my/our share account. An ATM card will not be issued to a member who is under the minimum "responsible" age of 18.

The credit union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account both 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 credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly and equally, with the right of survivorship and to be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and to discharge the Credit Union from any liability for such payment.

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 the Credit Union which shall not affect transactions theretofore made. The parties agree to keep the credit union informed of any change in their mailing address.

This agreement shall be construed in accordance with the provisions of the California Uniform Commercial Code (U.C.C.) and the term "credit union" for the purpose of this agreement shall be deemed to be included in the definition of "bank" as found in U.C.C.

I/We hereby acknowledge receiving the ATM card disclosure and agreement and additional ATM Card Disclosure statement and agree to the terms therein.

Signature - Primary Owner/Card Holder	Date
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X

Signature - Secondary Owner/Card Holder	Date
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X

### CONSENT OF SPOUSE

To be completed by the spouse of any joint owner if said spouse is not included as joint owner.

X SIGNATURE: \_\_\_\_\_ DATED \_\_\_\_\_

### NEW MEMBER ENROLLMENT INSTRUCTIONS

**A. COMPLETE THE FOLLOWING FORMS:**

1. Membership Application Card \*
2. Direct Deposit Authorization\*\*
3. Payroll deduction request if employer does not offer direct deposit \*\*

**B. SEND TO THE CREDIT UNION OFFICE**

1. All forms completed.
2. Clear copy of applicable identification documents (i.e. Driver's License/ID Cards or passport/Alien Identification Card, etc.).
3. Copy of your last pay stub to verify eligibility (except for qualified family members who will submit an introductory letter).
4. A check payable to CareConnections Federal Credit Union for **\$25.00**:
  - ◆ \$20.00 minimum required to start savings and maintain active membership.
  - ◆ \$5.00 membership fee (non-refundable)

**C. PLEASE NOTE**

- Access to Credit Union services may be delayed by incomplete applications.
- Credit checks may be made to pre-qualify applicant(s) for CU products.

\* Required – must be completed in full.

\*\*Optional - complete only if you wish to have direct deposit.

- ◆ Call CareConnections Federal Credit Union or check with your employer for Direct Deposit Forms.
- ◆ Credit Union's routing number (ABA) – **322078558**

**D. PLEASE CHECK BOX IF YOU NEED MORE INFORMATION**

- |   |  |
|---|--|
| <input type="checkbox"/> 1 <sup>ST</sup> TRUST DEED HOME MORTGAGE LOANS<br><input type="checkbox"/> 2 <sup>ND</sup> TRUST DEED HOME LOANS/HOME EQUITY LINES OF CREDIT<br><input type="checkbox"/> HOLIDAY AND VACATION CLUB ACCOUNTS<br><input type="checkbox"/> MONEY MARKET ACCOUNTS<br><input type="checkbox"/> SHARE DRAFT (CHECKING) ACCOUNTS<br><input type="checkbox"/> SIGNATURE/UNSECURED LINES OF CREDIT LOAN | <input type="checkbox"/> AUTO LOANS<br><input type="checkbox"/> RECREATIONAL VEHICLE/WATERCRAFT<br><input type="checkbox"/> VISA CARDS<br><input type="checkbox"/> ATM / DEBIT CARDS<br><input type="checkbox"/> SHARE CERTIFICATES<br><input type="checkbox"/> I.R.A. (Individual Retirement Account) |
|---|--|

**For CU use only**

Chex Systems	<b>OFAC</b>		
	PRIMARY	JOINT	BENEFICIARY (IES)
	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO

This membership application is approved by-Membership Officer:

Signature \_\_\_\_\_ Date \_\_\_\_\_