

# MEMBERSHIP APPLICATION AND AGREEMENT

The Account shall be (check one):

- Individual  Joint

I would like to open (check all that apply):

- Savings  Share Certificate  
 Checking  Money Market

Initial Deposit:

## ADDITIONAL SERVICES

I would like the following additional services (check all that apply):

- Visa® Check Card  Auto Loan  
 Bill Pay  Credit Card  
 Online Access  Real Estate Loan  
 eStatement  Auto Shopper  
 Call-24  Investments

## MEMBERSHIP ELIGIBILITY

I live, work or attend school in San Mateo Co.

I am part of a Select Employer Group (SEG)  
Employer/College/University  
Name: \_\_\_\_\_

I am related to an existing member.

Name of relative who is a member:

Relationship: \_\_\_\_\_

## TO BE COMPLETED BY CREDIT UNION ONLY

Acct#: \_\_\_\_\_

Member Name: \_\_\_\_\_

FOM Code: \_\_\_\_\_ Branch: \_\_\_\_\_

ChexSystems  Yes  No

SSN Issued \_\_\_\_\_ Verified  Yes  No

Offer: \_\_\_\_\_ Auth. By \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Primary Member Information			Joint Owner Information (optional)		
Last	First	Middle	Last	First	Middle
Social Security #			Social Security #		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Home Ph	Work Ph		Home Ph	Work Ph	
Cell Ph	Email		Cell Ph	Email	
DL #	Date of Birth		DL #	Date of Birth	
Password	Mother's Maiden Name		Password	Mother's Maiden Name	
Employer			Employer		
City	Position		City	Position	
Pay-on-Death Provision					
Name of Beneficiary 1			Name of Beneficiary 2		
SSN# or Relationship		Address	SSN# or Relationship		Address
City	State	Zip	City	State	Zip

Important Information About Procedures 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.

Membership Agreement: I agree to conform to your bylaws, the Truth-In-Savings Disclosure & Account Agreements, and Open-end Loan Plan Agreement and Truth-In-Lending Disclosure, receipt of which is hereby acknowledged. I understand and agree that this Membership Agreement shall govern the account(s) opened. I authorize you to gather any credit, checking account and employment account information considered appropriate from time to time. This authorization includes checking my credit history, including verification of the information in this membership application. Pay-on-Death Provision: If no percentages are indicated, distribution will be made equally to all named beneficiaries. Overdraft Protection: I authorize you to cover overdrafts in my \_\_\_\_\_ account by automatically transferring the necessary funds from the following accounts: First Overdraft Source: \_\_\_\_\_ Second Overdraft Source: \_\_\_\_\_. By joining San Mateo Credit Union (SMCU) and signing this document, I agree that the share account and open-end non-real estate loan services that you establish for me upon my request and your approval will be subject to the terms of the SMCU Truth-In-Savings Disclosure & Account Agreements and the Open-end Loan Plan Agreement and Truth-In-Lending Disclosure. Additional terms and disclosures applicable to specific services will be provided to me when they are established for me. **I certify under the penalty of perjury that: (1) I am a U.S. person (including a U.S. resident alien), (2) the Social Security number or Tax Payer ID given in this membership application is correct, and (3) I am not subject to backup withholding due to failure to report interest and dividend income. Note: The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.**

Primary Member Signature

Date

Joint Owner Signature

Date