



**BAY CITIES CREDIT UNION**  
**ACCOUNT ADD FORM**

Name  
 (PLEASE PRINT)

Member #

Existing Primary Members may use this form to add any of the account types listed below to their membership.

Complete only the applicable portions of the form, and then **fax to us at 510-881-8509 or mail to: Bay Cities Credit Union, PO Box 30, Hayward, CA 94543.**

**Please add the following accounts to my membership:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Star Checking (S3)<br>\$100 minimum to open<br>no monthly fee<br>VISA Debit card included | <input type="checkbox"/> Dividend Checking (S2)<br>\$100 minimum to open<br>\$3 monthly fee<br>VISA Debit card included      |   |
| <input type="checkbox"/> Secondary Savings (S1)<br>\$25 minimum to open<br>ATM card upon request                   | <input type="checkbox"/> Money Market (S5)<br>\$1,000 minimum to open<br>ATM card upon request                               | <input type="checkbox"/> IRA Information<br>Please send me information on<br><input type="checkbox"/> Traditional or <input type="checkbox"/> Roth IRA plans. |
| <input type="checkbox"/> Vacation Club (S14)<br>\$25 minimum to open<br>ATM card upon request                      | <input type="checkbox"/> Holiday Account (S15)<br>\$25 minimum to open<br>ATM card upon request                              | <input type="checkbox"/> Kid's Club Account (S1 Kid's)<br>\$25 minimum to open<br>ATM card upon request   |
| Certificate of Deposit<br>\$2,000 minimum to open  | <input type="checkbox"/> 3 month (I54)<br><input type="checkbox"/> 12 month (I56)<br><input type="checkbox"/> 24 month (I58) | <input type="checkbox"/> 6 month (I55)<br><input type="checkbox"/> 18 month (I57)<br><input type="checkbox"/> 36 month (I59)                                  |

Check enclosed for \$ \_\_\_\_\_  Transfer \$ \_\_\_\_\_ from \_\_\_\_\_

MEMBER SIGNATURE

PHONE NUMBER

BEST TIME TO CALL

MEMBER NUMBER

DATE

I agree that the changes on this form amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement. Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I have read the Agreements and Disclosures applicable to the accounts and services requested above, available at <http://www.baycities.org/pages/disclosures.html>. If an ATM Card or EFT service is requested and provided, I agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement, available at <http://www.baycities.org/pages/eftdisclosure.html>.

**Request ATM Card for Savings Account**

I hereby request Bay Cities Credit Union to send me an ATM card for the new Savings or Money Market account indicated above. I understand that a \$5 service fee per card will be deducted from my account. Each ATM Card will provide access to only one checking and one savings account.

MEMBER SIGNATURE

Please note, ATM card and PIN will be shipped separately for your protection.

**Questions?** Call 510-690-6100 or email us at [info@baycities.org](mailto:info@baycities.org).

Revised 06.06