



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"/> Express Checking (S7)
\$100 minimum to open
\$10 monthly fee
VISA Debit card included | <input type="checkbox"/> First Checking (S9)
\$100 minimum to open
\$5 monthly fee
VISA Debit card included | <input type="checkbox"/> Star Checking (S3)
\$100 minimum to open
\$10 monthly fee
VISA Debit card included |
| <input type="checkbox"/> Vacation Club (S14)
\$25 minimum to open
ATM card upon request | <input type="checkbox"/> Holiday Account (S15)
\$25 minimum to open
ATM card upon request | <input type="checkbox"/> Kid's Club Account (S8)
\$10 minimum to open
ATM card upon request |
| <input type="checkbox"/> Money Market (S5)
\$1,000 minimum to open
ATM card upon request | <input type="checkbox"/> Certificate of Deposit
\$2,000 minimum to open | <input type="checkbox"/> IRA Certificate of Deposit
Please send me information on |
| <input type="checkbox"/> Secondary Savings (S1)
\$25 minimum to open
ATM card upon request | <input type="checkbox"/> 3 month (I54) | <input type="checkbox"/> Traditional or <input type="checkbox"/> Roth IRA plans. |
| <input type="checkbox"/> Dividend Checking (S2)
\$100 minimum to open
\$5 monthly fee
VISA Debit card included | <input type="checkbox"/> 6 month (I55) | <input type="checkbox"/> 3 month (I64/I74) |
| | <input type="checkbox"/> 12 month (I56) | <input type="checkbox"/> 6 month (I65/I75) |
| | <input type="checkbox"/> 18 month (I57) | <input type="checkbox"/> 12 month (I66/I76) |
| | <input type="checkbox"/> 24 month (I58) | <input type="checkbox"/> 18 month (I67/I77) |
| | <input type="checkbox"/> 36 month (I59) | <input type="checkbox"/> 24 month (I68/I78) |
| | | <input type="checkbox"/> 36 month (I69/I79) |

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.

Revised 09.10