



22777 Main Street  
Hayward, CA 94541  
(510) 690-6100

# MEMBERSHIP APPLICATION & AGREEMENT

Name	Member Number	Branch
<b>Account Type(s):</b> <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Certificate <input type="checkbox"/> Christmas Club <input type="checkbox"/> Money Market <input type="checkbox"/> IRA Savings <input type="checkbox"/> IRA Certificate		
<b>Account Ownership:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Joint with the Right of Survivorship <input type="checkbox"/> Payable on Death (POD) <input type="checkbox"/> Trust <input type="checkbox"/> Other _____		

## 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 You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

### Primary Member Information

Member     Trust     Other Specify: \_\_\_\_\_ Are You a Non-Resident Alien?     Yes     No

First Name/Business/Trust		Last Name		M.I.	Suffix
Physical Address		City		State	Zip
Mailing Address (if different than above)		City		State	Zip
Home Phone	Business Phone	Cell Phone	E-Mail Address		Birth Date/Date of Trust
Social Security Number/Tax ID		Eligibility		Mother's Maiden Name	
Driver's License Number/State/Expiration Date		Employer		Position	

### Joint Owner 1 Information

Joint Owner     Trustee     Other Specify: \_\_\_\_\_ Are You a Non-Resident Alien?     Yes     No

First Name		Last Name		M.I.	Suffix
Physical Address		City		State	Zip
Mailing Address (if different than above)		City		State	Zip
Home Phone	Business Phone	Cell Phone	E-Mail Address		Birth Date
Social Security Number/Tax ID		Eligibility		Mother's Maiden Name	
Driver's License Number/State/Expiration Date		Employer		Position	

### Joint Owner 2 Information

Joint Owner     Trustee     Other Specify: \_\_\_\_\_ Are You a Non-Resident Alien?     Yes     No

First Name		Last Name		M.I.	Suffix
Physical Address		City		State	Zip
Mailing Address (if different than above)		City		State	Zip
Home Phone	Business Phone	Cell Phone	E-Mail Address		Birth Date
Social Security Number/Tax ID		Eligibility		Mother's Maiden Name	
Driver's License Number/State/Expiration Date		Employer		Position	

### Payable-On-Death Account Beneficiary Designation

You hereby designate the following beneficiary(ies).

Name _____	Address _____	SSN _____	% _____
Name _____	Address _____	SSN _____	% _____
Name _____	Address _____	SSN _____	% _____

## ATM Card/VISA Debit Card/Online Banking

You are requesting the convenience of 24-hour access to Your Credit Union Account with ATM Card, VISA Debit Card, and Online Banking in conjunction with a Personal Identification Number (PIN) or Access Code. Your ATM Card or VISA Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your checking account. You would like:

ATM Card       VISA Debit Card       Online Banking

Name on Card 1: \_\_\_\_\_

Name on Card 2: \_\_\_\_\_

Name on Card 3: \_\_\_\_\_

## Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number; (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code \_\_\_\_\_

**INSTRUCTION TO SIGNER.** If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

**DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.**

We will be unable to open an Account for You without a taxpayer identification number.

## Revocable Living Trust

You hereby certify that:

- (1) This is: a revocable Trust; Name of Trust \_\_\_\_\_ ;
- (2) The Trustee(s) can accomplish all banking transactions including the deposit and withdrawal of funds and the maintenance of a Safe Deposit Box;
- (3) The Trust Agreement appoints:  
\_\_\_\_\_

\_\_\_\_\_ as Successor Trustee(s) upon death, legal incapacitation, resignation or incompetence of the (both) Settlor(s) who shall have all the powers identified herein;

- (4) You understand that the Credit Union will rely on the accuracy of the foregoing information and We will continue to do so until We receive notice in writing that this certification has been revoked. You Indemnify Us from any liability and costs we may incur by reason of such reliance. Upon Our request, We shall be entitled to a copy of the trust and any related documents.

You waive all right, title and interest which You may now have as an individual or joint owner of the account funds and transfer ownership of this Account to the living trust named above.

**You agree to be bound by the terms and conditions of this Account with Bay Cities Credit Union and the Credit Union's bylaws, rules, and regulations in effect from time to time.**

**Lien Impressionment and Set-Off.** You agree that We may impress and enforce a statutory lien upon any and all individual, joint or living trust Accounts with Us to the extent You owe Us any money, and We may enforce Our right to do so without further notice to You. We have the right to set-off any of Your money or property in Our possession against any amount You owe Us. The right of set-off and Our impressed lien does not extend to any Keogh, IRA or similar tax-deferred deposit You may have with Us. If Your Account is owned jointly, Our right of set-off and Our impressed lien extends to any amount owed to Us by any of the joint Owners.

We will recognize the signatures below in their trustee capacity, regardless of such designation as trustee, when authorizing any transaction for this account.

\_\_\_\_\_  
Signature of Settlor/Trustee of above Trust

\_\_\_\_\_  
Signature of Settlor/Co-Trustee of above Trust

\_\_\_\_\_  
Signature of Settlor/Co-Trustee of above Trust

\_\_\_\_\_  
Signature of Settlor/Co-Trustee of above Trust

## Signatures

You hereby apply for membership with Bay Cities Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Bay Cities Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Bay Cities Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

**The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Applicant (Primary Member) Signature \_\_\_\_\_

Date \_\_\_\_\_

Joint Owner #1 Signature \_\_\_\_\_

Date \_\_\_\_\_

Joint Owner #2 Signature \_\_\_\_\_

Date \_\_\_\_\_

## Credit Union Use Only

Date of Membership \_\_\_\_\_ Opened by \_\_\_\_\_ Employee Signature \_\_\_\_\_ Verified by \_\_\_\_\_

Credit Report

OFAC

Checks Ordered

Direct Deposit

Chex Systems

Plastic Card Ordered

Online Banking Set Up

Other \_\_\_\_\_