



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 510-300-6442 or mail to: Bay Cities Credit Union, PO Box 30, Hayward, CA 94543.**

Please add the following accounts to my membership:

Express Checking

\$100 minimum to open

\$10 monthly fee

VISA Debit card included

First Checking

\$100 minimum to open

\$5 monthly fee

VISA Debit card included

Star Checking

\$100 minimum to open

\$10 monthly fee

VISA Debit card included

Vacation Club

\$25 minimum to open

ATM card upon request

Holiday Account

\$25 minimum to open

ATM card upon request

Kid's Club Account

\$10 minimum to open

ATM card upon request

Money Market

\$1,000 minimum to open

ATM card upon request

Certificate of Deposit

\$2,000 minimum to open

3 month

6 month

12 month

18 month

24 month

36 month

IRA Certificate of Deposit

Please send me information on

Traditional or Roth IRA plans.

3 month

6 month

12 month

18 month

24 month

36 month

Dividend Checking

\$100 minimum to open

\$5 monthly fee

VISA Debit card included

Credit Re-builder Share Account (\$17)

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 1.20