

Member Name		Member Number	
Government Type	ID Number	Issued Date	Expiration
Member Eligibility	SSN/EIN	DOB	Mother's Maiden Name
Residence Address (No PO Box)		City	State
		Zip Code	
Home Phone	Work Phone	Mobile Phone	E-Mail
Employer		Occupation	

**Certification of taxpayer identification number:** The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

**Taxpayer Identification Number (TIN):** Enter your TIN in the box provided. For individuals, this is your Social Security Number (SSN). For other entities, it is your Employer Identification Number (EIN). TIN/EIN \_\_\_\_\_

Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person, and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. have been notified by the IRS that I am currently subject to backup withholding because of under reporting of dividends/interest on my tax return.

Signature	Date
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Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Certificate <input type="checkbox"/>	Summer Savings <input type="checkbox"/>	Educator Savings <input type="checkbox"/>	Money Market <input type="checkbox"/>
IND <input type="checkbox"/>	JTO <input type="checkbox"/>	ADM/EXC <input type="checkbox"/>	CUS <input type="checkbox"/>	GRD <input type="checkbox"/>	TRUST <input type="checkbox"/>

Member Name	Member Number
Account Numbers	
Joint (if any) Name/Member Number	
Joint DOB	Joint SSN
POD Name	POD SSN

I/we would like the following Access Device for use in combination with this account(s): Debit Card  ATM Card

In this Application, "I" and "My" mean the person who signs this card, "You" and "Your" mean California Credit Union (CCU). If I am not a member, I hereby apply for membership in California Credit Union. I certify that I am within the Credit Union's field of membership. I authorize you to gather whatever credit, account, and employment information you consider appropriate from time to time. (I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account.) I authorize you to give information concerning your experience with me to others. I understand that you may retain the Application Card and any other information you may receive. I understand that you may need to obtain information about me from the California Department of Motor Vehicles (DMV) and that I waive my right to confidentiality of my records and I authorize you to obtain such information from the DMV. I agree to conform to your by-laws as well as all applicable terms and conditions set forth in the Account Agreement and Truth-in-Savings Disclosure (receipt of which is hereby acknowledged and which is incorporated by this reference). I agree that this application shall govern each and every account I maintain at California Credit Union now and in the future. I agree to pay a \$5 non-refundable membership fee to CCU. The information provided on this documents true and correct; and my signature on this document applies to all accounts under my name at California Credit Union; and that I/we have received the required disclosures: Account Agreement, Privacy Notice, and Schedule of Fees.

I/We promise that everything I/we have stated in this application is correct to the best of my/our knowledge. If there are any important changes I/we will notify you in writing immediately. I/We authorize CCU to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. I/We understand that CCU will rely on the information in this application, for financial information, and my/our credit report to make its decision. If I/we require, CCU will tell me/us the name and address of any credit bureaus from which it received a credit report on me/us. Pursuant to state law, I/we are hereby notified that a negative credit report reflecting on my/our credit record may be submitted to a credit reporting agency if I/we fail to fulfill the terms of my/our credit obligation. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan application made to federal credit unions or state charter credit unions insured by the NCUA.

BY PROVIDING A WIRELESS TELEPHONE NUMBER YOU CONSENT TO RECEIVE CALLS, INCLUDING AUTODIALED AND PRERECORDED MESSAGES FROM THE CREDIT UNION OR ITS BUSINESS PARTNERS.

Authorized Signature	Authorized Joint Owner Signature
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California Credit Union Use Only					
Chexsystems:	Accept - No Records <input type="checkbox"/>	Review/Decline - Records <input type="checkbox"/>	Membership Fee:	Paid <input type="checkbox"/>	Promotional <input type="checkbox"/>
Notes:					
Opened By:			Approved By:		

- |                                   |                                  |                                      |   |   |                                       |
|-----------------------------------|----------------------------------|--------------------------------------|---|---|---------------------------------------|
| Checking <input type="checkbox"/> | Savings <input type="checkbox"/> | Certificate <input type="checkbox"/> | Summer Savings <input type="checkbox"/> | Educator Savings <input type="checkbox"/> | Money Market <input type="checkbox"/> |
| IND <input type="checkbox"/>      | JTO <input type="checkbox"/>     | ADM/EXC <input type="checkbox"/>     | CUS <input type="checkbox"/>            | GRD <input type="checkbox"/>              | TRUST <input type="checkbox"/>        |

Member Name \_\_\_\_\_ Member Number \_\_\_\_\_

Account Numbers \_\_\_\_\_

Joint (if any) Name/Member Number \_\_\_\_\_

Joint DOB \_\_\_\_\_ Joint SSN \_\_\_\_\_

POD Name \_\_\_\_\_ POD SSN \_\_\_\_\_

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Authorized Signature \_\_\_\_\_ Authorized Joint Owner Signature \_\_\_\_\_

- |                                   |                                  |                                      |   |   |                                       |
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Member Name \_\_\_\_\_ Member Number \_\_\_\_\_

Account Numbers \_\_\_\_\_

Joint (if any) Name/Member Number \_\_\_\_\_

Joint DOB \_\_\_\_\_ Joint SSN \_\_\_\_\_

POD Name \_\_\_\_\_ POD SSN \_\_\_\_\_

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