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 www.UnitedCatholicsFCU.org

ACCOUNT APPLICATION

NEW REVISION NAME CHANGE
 ONLINE

ATTACH CHECK FOR INITIAL DEPOSIT HERE

1 ELIGIBILITY Account No. _____

I worship (name of church) or I am an employee (name of employer) of or I belong to name of religious organization: _____

I am related to a member of UCFCU or I am opening an additional account: Your Name or Relative Name _____ Relationship _____ Account # _____

2 MEMBER INFORMATION

Name	Date of Birth	Drivers License	Social Security Number
Address (Physical)	City	State	Zip
Home Phone	E-Mail Address	Cell Phone	Mother's Maiden Name
Mailing Address (if different from above)	City	State	Zip
Employer Name	Employer Phone	Date of Hire	

3 JOINT OWNER INFORMATION (See below if additional joint owner.)

Name	Date of Birth	Relationship	Drivers License	Social Security Number
Address	City	State	Zip	
Home Phone	E-Mail Address	Cell Phone	Mother's Maiden Name	

4 ADDITIONAL JOINT OWNER(S) (Only complete if more than one Joint Owner. SEE REVERSE TO ADD BENEFICIARIES.)

Name	Date of Birth	Relationship	Drivers License No.	Social Security Number
Address	City	State	Zip	
Home Phone	E-Mail Address	Cell Phone	Mother's Maiden Name	
Name	Date of Birth	Relationship	Drivers License No.	Social Security Number
Address	City	State	Zip	
Home Phone	E-Mail Address	Cell Phone	Mother's Maiden Name	

5 SELECT YOUR ACCOUNT(S) (For Business, Trust, IRA Accounts and Certificates please contact the Credit Union for separate application and signature card.)

Membership Fee (one-time)..... \$ 5.00

Primary Savings Account (\$25 minimum deposit required)..... \$ _____

Checking Account (\$25 minimum to open)..... \$ _____

VISA Debit Card Cards for Joint Owner

*If I do not qualify for a VISA Debit Card I will be issued an ATM Card.

Total Initial Deposit \$ _____

6 CHECKING OVERDRAFT/LOAN OPTIONS

Overdrafts can be covered by: 1) a transfer from my Savings Account, with not more than six transfers in any calendar month, or 2) An advance from my "ReadyCash" Personal Line of Credit, subject to terms and conditions of that account, up to my credit limit. **Check only one box.** *Subject to Loan policy

*Personal Line of Credit Only *Personal Line of Credit then Savings Savings only Savings, then *Personal Line of Credit No Overdraft

**INCOME VERIFICATION
MAYBE REQUIRED**

SEE SHEET 2 FOR AUTHORIZATION, SIGNATURE AND SOCIAL SECURITY INFORMATION

Each account owner must present valid photograph identification, such as a current driver's license; state or federal issued identification card.

If submitting this application by mail, please include a photocopy of each account owner's identification.

7 AUTHORIZATION & SIGNATURE(S)

Under this Account Application, "I", "Me" and "My" mean each and every person who signs below. "You" and "Your" mean United Catholics Federal Credit Union. If I am not currently a member, I hereby make application for membership in United Catholics Federal Credit Union. By signing below I request access to my accounts through your Audio Teller Response System, Internet Banking and Mobile Banking. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the brochure entitled "About Your Credit Union Accounts" (receipt of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Account Application shall govern the Savings, the Checking Account, the ATM Card, the VISA DebitCard, the Electronic Telephone Banking, Internet Banking, Mobile Banking and other accounts designated by me. I authorize you to open other account(s) for me in person or per my telephone request.

I authorize you to gather whatever credit, checking 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 and agree that you may retain this Membership Invitation and any other information you may receive and that I waive my right to confidentiality of my records with the State Department of Motor Vehicles (DMV) and authorize you to obtain such information from the DMV.

Any beneficiary changes or the addition of joint owners must be agreed to by all owners and will affect all accounts under this Agreement. In the event any account opened under this Agreement is closed, this Agreement shall continue in full force and effect as to all other accounts that remain open under this Agreement.

Any or all owners may pledge all or any part of the shares in the accounts governed by this Agreement as collateral security for any Credit Union indebtedness.

Important Information About Procedures 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 Me: When I open an account, you will ask for my name, address, date of birth and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

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

X _____
Member Signature Date

X _____
Joint Owner Signature Date

X _____
Additional Joint Owner Signature Date

X _____
Additional Joint Owner Signature Date

BENEFICIARY INFORMATION

(In the event of the death of all account owners, funds (including dividends) will be paid: First to the Credit Union to the extent of any outstanding debts owed by any account owner and secondly in equal portions to those individuals named below who remain alive at the time that last joint owner dies. If none of these individuals is then living, this pay on death provision shall be null and void.)

Name (1) _____

Address _____

Relationship to Primary Owner _____ Date of Birth _____

Social Security Number _____

Name (2) _____

Address _____

Relationship to Primary Owner _____ Date of Birth _____

Social Security Number _____

Name (3) _____

Address _____

Relationship to Primary Owner _____ Date of Birth _____

Social Security Number _____

Name (4) _____

Address _____

Relationship to Primary Owner _____ Date of Birth _____

Social Security Number _____

Request For Taxpayer Identification Number

Part I Taxpayer Identification Number (TIN) and Exemptions

Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification in Instructions to IRS Form W-9** For other entities, it is your Employer Identification Number (EIN). If you do not have a number, see **How to get a TIN** in "Specific Instructions," Part I.

Note: If the account is in more than one name, see the chart in the Instructions to IRS Form W-9 for guidelines on "What Name and Number to Give the Requester."

Exemptions

Note Regarding Exempt Payee Code: If you are exempt from backup withholding, you should provide on Exempt Payee Code to avoid possible erroneous backup withholding.

Note Regarding Exemption from FATCA Reporting Code: If you are only submitting this form for an account you hold in the United States, you may leave this field blank.

SOCIAL SECURITY NUMBER

OR

EMPLOYER IDENTIFICATION NUMBER

EXEMPT PAYEE CODE (IF ANY)

EXEMPTION FROM FATCA REPORTING CODE (IF ANY)

Part II Certification

By signing above, you certify, under the penalties of perjury, that:

- The number shown on this form is your correct Taxpayer Identification Number (or you are waiting for a number to be issued to you); and
- You are not subject to backup withholding because: (a) you are exempt from backup withholding; or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified you that you are no longer subject to backup withholding; and
- You are a U.S. person (including a U.S. resident alien).
- The FATCA code(s) entered on this form (if any) indicating that you are exempt from FATCA reporting is correct.

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

FOR CREDIT UNION USE ONLY

Membership Approval

