

East County Schools Federal Credit Union

Signature Card / New Account Application



Employed By: _____ Campus: _____

Family Member of: _____
(Name, Relationship)

Services Requested:

Regular Share Savings Regular Checking (complete overdraft section below) eChecking (complete overdraft section below)

Checking Access: VISA Debit Card One Card Second Card for First Joint Owner
(ECSFCU Checking Account Required)

Overdraft Options: Savings Account Only Line of Credit Account Only No Overdraft
 First from Savings, then from Line of Credit First from Line of Credit, then from Savings

Line of Credit Account is subject to credit approval (see "Schedule of Fees and Charges" for applicable overdraft fees)

Account Ownership: Individual Joint Account With Pay-on-Death Payee (see reverse)
(ALL accounts: Complete **Beneficiary Information** on reverse side)

PRIMARY MEMBER NAME

SSN# _____

Last Name _____ First Name _____ M.I. _____

Date of Birth _____ Driver's License No. _____ State _____

Home Address (Do not use work address or P.O. Box) _____

City _____ State _____ Zip (+4) _____

Mailing Address: _____

City _____ State _____ Zip (+4) _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Employer/Occupation _____

Work Address (or Campus name) _____

Mother's Maiden Name _____ Email _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid the backup withholding. **By signing below you agree to be bound by the Agreement section on the reverse.**

X _____
Primary Members Signature _____ Date _____

JOINT OWNER NAME

SSN# _____

Last Name _____ First Name _____ M.I. _____

Date of Birth _____ Driver's License No. _____ State _____

Home Address (Do not use work address or P.O. Box) _____

City _____ State _____ Zip (+4) _____

Mailing Address: _____

City _____ State _____ Zip (+4) _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Employer/Occupation _____

Work Address (or Campus name) _____

Mother's Maiden Name _____ Email _____

By signing below you agree to be bound by the Agreement section on the reverse.

X _____
Joint Owner Signature _____ Date _____

BENEFICIARY INFORMATION

In the event of 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) _____ Social Security No. _____

Home Address _____

City _____ State _____ Zip (+4) _____ Date of Birth _____

Relationship to Primary Owner _____ % of Ownership _____

Name (2) _____ Social Security No. _____

Home Address _____

City _____ State _____ Zip (+4) _____ Date of Birth _____

Relationship to Primary Owner _____ % of Ownership _____

Exemptions (see instructions):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

PART I. -- Taxpayer Identification Number (TIN)

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 the Account Agreement and Truth-In-Savings Disclosure. 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.

Taxpayer Identification Number

OR

Employer Identification Number

Note: If the account is in more than one name, see the chart for guidelines on "What Name and Number To Give the Requester."

PART II.--FOR U.S. Payee Exempt From Backup Withholding
(See "Specific Instructions")

PART III. -- Certification of TIN/Backup Withholdin.

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 withholdings as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholdings, and
3. I am a U.S. person (including a U.S. resident alien).
4. I am exempt from reporting under the Foreign Account Tax Compliance Act (FATCA)

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 or dividends on your tax return. For real estate transactions, item 2 does not apply. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See "Specific Instructions")

AGREEMENT

In this Membership Invitation "You", "Your" and "Yours" mean each and every person who signed on the reverse. "Our", "Us" and "We" mean East County Schools Federal Credit Union. If you are not currently a member, you hereby make application for membership in East County Schools Federal Credit Union. By signing on the reverse you request access to Online Banking and Bill Pay Service.

You agree to conform to our bylaws as well as all applicable terms and conditions set forth in the Truth in Savings Disclosure, the Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement (receipt of which is hereby acknowledged and which is incorporated by this reference). You understand and agree that this Membership Invitation shall govern the Regular Share Savings, the Checking Account, the VISA Debit Card, Online Banking, and other accounts designated by you. You authorize us to open other account(s) for you in person or per your telephone or electronic request.

You authorize us to gather whatever credit, checking account and employment information we consider appropriate from time to time. You understand that this will assist, for example, in determining your initial and ongoing eligibility for an account. You authorize us to give information concerning our experience with you to others. You understand and agree that we may retain this Signature Card and any other information we receive.

Any beneficiary changes or the addition or deletion of joint owners is at the discretion of the primary member 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.

FOR CREDIT UNION USE ONLY Purpose of Card: New Member Other _____

Membership Eligibility _____ Initials: _____

Documentary Method Used ID No.: _____ Expiration Date: _____

Type of Document: _____ Initials: _____

OFAC Primary _____ Initials: _____ OFAC Joint _____ Initials: _____

OFAC Beneficiary 1: _____ Initials: _____ OFAC Beneficiary 2: _____ Initials: _____

Chek Systems: _____ Initials: _____

Application Approved By (Print Name): _____ Title: _____

Signature: **X** _____ Date: _____