

# Invitation to join East County Schools Federal Credit Union

## Benefits of Membership at East County Schools Federal Credit Union

### DEPOSIT ACCOUNTS:

- Share Savings Accounts and Sub Accounts for Vacations, Holidays, Summer Savings, etc.
- Money Market Share Accounts
- Term Share Certificates
- Trust Accounts
- Individual Retirement Accounts (IRAs) – Traditional, Roth and Educational
- Regular Checking and eChecking Accounts
- Teen Checking

### LOAN PRODUCTS

- Personal Loans (Signature and Lines of Credit)
- Auto Loans - New & Used Purchase & Refinance
- Auto and Signature Equity Loans
- Recreational Vehicle Loans
- 1<sup>st</sup> Mortgage - Purchase and Refinance
- Home Equity Lines of Credit (HELOC)
- VISA Classic and VISA Platinum with CUREwards™ and VISA Platinum Choice

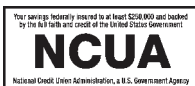
### SERVICES AVAILABLE:

- Financial, Retirement & Estate Planning
- Online Banking Account Access
- Mobile Banking
- Mobile Deposit
- “Better than Free” Bill Pay
- Direct Deposit/Payroll Deduction
- VISA Debit Card with no fee at CO-OP ATMs Nationwide
- Shared Branch Network
- eStatements
- Wire Transfers and ACH Services
- Notary Public Service
- Auto Buying Service at our Branch Office
- Discount Movie and Theme Park Tickets
- Cashier’s Checks
- CU2U Service - “We bring the Credit Union to You”

#### Important information about Procedure 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 for your name, address, date of birth, and other information that will allow us to identify you. We must also ask to see your driver’s license or other identifying documents to comply with required Member Identification laws.



## EAST COUNTY SCHOOLS FEDERAL CREDIT UNION SIGNATURE CARD

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     First from Savings, then from Line of Credit  
 First from Line of Credit, then from Savings     No Overdraft

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)

### 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.**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).
- 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 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. Be signing on the reverse you request access to the Anytime Teller Audio Response System, 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, the Audio Response System and the 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.

<b>FOR CREDIT UNION USE ONLY</b>		Purpose of Card: <input type="checkbox"/> New Member <input type="checkbox"/> Other _____	
Membership Eligibility _____		Initials: _____	
<input type="checkbox"/> Documentary Method Used	ID No.: _____	Expiration Date: _____	
Type of Document: _____		Initials: _____	
<input type="checkbox"/> OFAC Primary	Initials: _____	<input type="checkbox"/> OFAC Joint	Initials: _____
<input type="checkbox"/> OFAC Beneficiary 1:	Initials: _____	<input type="checkbox"/> OFAC Beneficiary 2:	Initials: _____
<input type="checkbox"/> Chek Systems:	Initials: _____		
Application Approved By (Print Name): _____		Title: _____	
Signature: <b>X</b>		Date: _____	

**BENEFITS OF CHECKING WITH EAST COUNTY SCHOOLS FEDERAL CREDIT UNION**

Choose the Checking Account at East County Schools Federal Credit Union that meets Your Lifestyle! A \$25 minimum deposit to open a ECSFCU Checking Account is all it takes!

Both of our Checking Accounts include:

- VISA Debit Card access**  
No fee transactions at Co-op ATM's nationwide and local ECSFCU Campus Cash Network ATM's. Use your VISA Debit Card to make purchases anywhere VISA is accepted!
- "Better Than Free" Bill Pay**
- Free Online Banking Access**
- Overdraft Protection from Savings and Signature Lines of Credit**
- Check "Safekeeping" with free online copies**

**Regular Checking**

- Earn a competitive Dividend Rate;
- No minimum balance required;
- One free box of ECSFCU image checks annually with a minimum Direct Deposit of \$500;
- No monthly fee with a minimum of 4 debit transactions per month.

All it takes is a minimum of four (4) monthly debits to avoid an inactive monthly service fee on Regular Checking. Checking debits may be a combination of check clearings, Debit card transactions (signature or POS), ACH debit or bill payments.

**eChecking**

- Earn HIGH Step Rate Dividends, just for meeting monthly required components;
- No monthly fee and No minimum balance required.

It's easy to meet the monthly components to earn Top Dollar eChecking Dividends. And, doing your banking the electronic way is so convenient! Here's all you'll need to do:

- Conduct a minimum of eight (8) monthly debit card transactions;
- Write no more than 10 personal checks per month (an unlimited number of monthly "Better than Free" Bill Payments always available); Establish
- a minimum monthly Direct Deposit of \$500 to your eChecking;
- Opt-in to receive your monthly statements via eStatements.

Refer to "Schedule of Fees and Charges" for all ECSFCU checking fees.