



**CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER (T.I.N.) / BACKUP WITHHOLDING**

**Important:** Under penalty of perjury, I certify that

- 1) the number shown above is my correct taxpayer identification number (or I am waiting for a number to be issued to me),
- 2) I am a U.S. citizen or other U.S. person (including a U.S. resident alien). **Check this box and complete a W-8 BEN if you are not a U.S. person.**

- 3) I am exempt from reporting under the Foreign Account Tax Compliance Act (FACTA), and
- 4) that **(check appropriate box):**

- 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.
- I am subject to backup withholding.

**AGREEMENT**

**DEFINITIONS.** "You," "your," and "account owner," refer to the Member, whether or not there are one or more Members named on the account, and the terms "we," "us," and "our" refer to the Credit Union, East County Schools Federal Credit Union.

**ACKNOWLEDGMENT.** By signing this document, you acknowledge that you have opened the type of account designated on the Signature Card / New Account Application. Your signature certifies that all information provided to the Credit Union is true and accurate. All signers authorize this Credit Union to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

Your signature acknowledges the receipt of the appropriate Account Agreement for the type of account designated on the Signature Card / New Account Application and that you agree to be bound by the Account Agreement. You acknowledge that you have received the following document(s):

- Truth-In-Savings Disclosure
- Funds Availability Policy Disclosure
- Electronic Fund Transfer Disclosure and Agreement
- Fee Schedule
- Privacy Policy - Federal and California (if a copy was not previously provided to you)

<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"/> Chек Systems: _____	Initials: _____
Application Approved By (Print Name): _____	Title: _____
Signature: _____	Date: _____



1069 Graves Avenue, Suite 100  
 El Cajon, CA 92021  
 Call or Text (619) 588-1515  
[www.EastCountySchools.org](http://www.EastCountySchools.org)



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