



Account Number

Account Type(s): <input type="checkbox"/> Savings <input type="checkbox"/> Share Certificate ___ (term)	<input type="checkbox"/> Holiday Saver <input type="checkbox"/> _____	<input type="checkbox"/> Checking <input type="checkbox"/> _____
Account Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> POD <input type="checkbox"/> _____		

IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

Membership Eligibility

Complete as applicable:

<input type="checkbox"/> CSULA Faculty	<input type="checkbox"/> CSULA Staff	<input type="checkbox"/> CSULA Student	<input type="checkbox"/> CSULA Alumni Assn
<input type="checkbox"/> El Sereno Community (Live, work, worship or attend school)		<input type="checkbox"/> Family member of member Name: _____ Relationship: _____	
<input type="checkbox"/> Other _____			

Primary Owner Information: Member Other Specify _____ Are You a Non-Resident Alien Yes No

Name		Social Security Number/T.I.N.	Birthdate
Physical Address (Provide proof of address if different than ID)		City, State	Zipcode
Mailing Address		City, State	Zipcode
Driver's License Number or Other ID/State/Exp. Date		E-Mail Address	
Home Telephone	Business Telephone	Cell/Alternative Telephone	
Employer Name/Contact		Occupation	Mother's Maiden Name

Joint Owner 1 Information Joint Owner Custodian Other

Name		Social Security Number/T.I.N.	Birthdate
Physical Address (Provide proof of address if different than ID)		City, State	Zipcode
Mailing Address		City, State	Zipcode
Driver's License Number or Other ID/State/Exp. Date		E-Mail Address	
Home Telephone	Business Telephone	Cell/Alternative Telephone	
Employer Name/Contact		Occupation	Mother's Maiden Name

Joint Owner 2 Information Joint Owner Custodian Other

Name		Social Security Number/T.I.N.	Birthdate
Physical Address (Provide proof of address if different than ID)		City, State	Zipcode
Mailing Address		City, State	Zipcode
Driver's License Number or Other ID/State/Exp. Date		E-Mail Address	
Home Telephone	Business Telephone	Cell/Alternative Telephone	
Employer Name/Contact		Occupation	Mother's Maiden Name

Joint Owner 3 Information Joint Owner Custodian Other

Name		Social Security Number/T.I.N.	Birthdate
Physical Address (Provide proof of address if different than ID)		City, State	Zipcode
Mailing Address		City, State	Zipcode
Driver's License Number or Other ID/State/Exp. Date		E-Mail Address	
Home Telephone	Business Telephone	Cell/Alternative Telephone	
Employer Name/Contact		Occupation	Mother's Maiden Name

Overdraft Protection (if opening a checking Account)

Your overdrafts will be covered by transferring funds from Your Loan/Sub Account I.D. identified below in the following order (specify priority by number). If no priority is noted, transfers will be made from Your Savings Account.

Priority	Source	Loan/Sub Account I.D.

Payable-On-Death Account Beneficiary Designation

Upon the death of the last surviving owner, the funds in Your Account shall become the property of the beneficiary(ies) listed below who are alive at that time. You may change the beneficiary(ies) identified below only with the written consent of all owners to the Account.

Name _____ Address _____ SSN _____ % _____
 Name _____ Address _____ SSN _____ % _____

VISA Debit Card

You are requesting the convenience of 24-hour access to Your Credit Union Account(s) with VISA Debit Card in conjunction with a Personal Identification Number (PIN) or Access Code. Your VISA Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your checking account.

You would like: VISA Debit Card

Name on Card 1: _____ Name on Card 2: _____
 Name on Card 3: _____ Name on Card 4: _____

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) that unless You have indicated to the contrary, You are a U.S. person (including a U.S. resident alien); and (4) You are exempt from or not subject to FATCA reporting.

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must check the appropriate box below.

- You are exempt from withholding You are subject to backup withholding You are a foreign person and not a U.S. resident alien (complete W-8BEN)

We will be unable to open an Account for You without a taxpayer identification number

Signatures

You hereby apply for membership with Cal State L.A. Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in any subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Cal State L.A. Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the "Agreements and Disclosures" related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Savings Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Cal State L.A. Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

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

Applicant (Primary Member) Signature _____ Date _____

Thumb Print

Joint Owner 1 Signature _____ Date _____

Thumb Print

Joint Owner 2 Signature _____ Date _____

Thumb Print

Joint Owner 3 Signature _____ Date _____

Thumb Print

Credit Union Use Only

Opened by _____ Date of Membership _____