

JOIN TODAY

# Membership Application

**PLEASE READ CAREFULLY BEFORE SIGNING:**

I, having signed on the reverse, apply to American First Credit Union (you) for the account(s) indicated. By signing on the reverse, I acknowledge I am applying for membership in and agree to conform to the bylaws (as amended) of American First Credit Union and that I:

- will receive, with my receipt of deposit, copies of your Membership Agreement and Disclosures booklet containing the Agreements and Truth-in-Savings Disclosures affecting all deposit accounts; and your current Rates and Service Pricing Schedules;
- agree to be bound by the terms and conditions of our Account Agreement(s) and any amendments thereto. I understand that new account information will be checked and then verified through ChexSystems;
- agree to be bound by the terms and conditions applicable to each account requested, as contained in the Membership Agreement and Disclosure booklet;
- authorize you to receive any of the signatures on the reverse for the transaction of any business on any account on which that party is named as an owner;
- authorize you to gather whatever credit, account and employment information you consider appropriate from time to time to verify my eligibility for various accounts and services;
- understand that any falsification of information may result in refusal of membership;
- request electronic access devices if I qualify for ATM, Point of Sale, debit card, Home Banking, Bill Payment and/or audio response. In each case, you shall provide a disclosure of terms and conditions with the access device. My use of any access device will signify my acceptance of the device and the terms and conditions of its usage;
- understand that my checking account will be automatically linked to all of my available overdraft protection sources in the following order: Line of Credit, Savings and Money Market. I may change the order or opt out by notifying the credit union in writing.

**POWER OF ATTORNEY**

- I do hereby assign Power of Attorney to you to initiate or change direct deposit and payroll deduction instructions to my present employer as well as request and direct my employer to accept and act upon such instructions.

**IMPORTANT INFORMATION**

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. 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 may also ask to see your driver's license or other identifying documents. Thank you for your understanding and for joining us in securing a safer tomorrow.

**ADDITIONAL SERVICES / ACCOUNTS**

I would like information about:

- Checking account
- Real Estate loan
- Savings account
- Auto loan
- Home/Auto Insurance
- Individual Retirement Account
- Youth account
- Holiday Club account

**It's easy to join American First!**

Complete all areas of the application, read the disclosures, and sign where indicated. If this is a joint account, the joint owner's signature is required.

**Mail to:**

**American First Credit Union**  
**700 N. Harbor Blvd., La Habra, CA 90631**  
Remember to enclose your membership fee and opening deposit.



**Or, save a stamp!**

Apply for membership and open your accounts online at [www.amerfirst.org](http://www.amerfirst.org).



24/7 ACCOUNT ACCESS BY PHONE OR ONLINE

800/ 290-1112

[www.amerfirst.org](http://www.amerfirst.org)

Your membership includes access to thousands of free ATMs and CU Service Centers across the nation.

Membership is open to anyone who lives, works, worships or attends school in Orange County or 16 additional cities throughout the Greater Los Angeles area. For details, visit [www.amerfirst.org](http://www.amerfirst.org). A one-time \$5 membership fee applies.



06/09





# American First Credit Union

700 N HARBOR BLVD • LA HABRA, CA 90631-9918

# MEMBERSHIP APPLICATION

ACCOUNT NUMBER

\_\_\_\_\_

## 1 Eligibility

I'm eligible to join American First Credit Union (AFCU) because I am (please check one): subject to verification  
 Employee of \_\_\_\_\_ (Eligible Organization)  Relative of (Name) \_\_\_\_\_ who is already a Member of AFCU  
 Individual (Live, work or worship in Orange County, Corona or Chino Hills or 16 additional cities throughout the Greater Los Angeles area.)

## 2 Member Information

Please complete entire form, check boxes for services requested and sign at bottom.

Primary Owner Name		Date of Birth		Joint Owner Name		Date of Birth	
Home Street Address		Years	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family	Home Street Address		Years	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family
City	State	Zip		City	State	Zip	
Mailing Address	City	State	Zip	Mailing Address	City	State	Zip
Social Security No.	ID No. (State, Drivers Lic., Passport, Military)	Issued By	Exp. Date	Social Security No.	ID No. (State, Drivers Lic., Passport, Military)	Issued By	Exp. Date
Mother's Maiden Name or Password	Home Phone	E-Mail Address		Mother's Maiden Name or Password	Home Phone	E-Mail Address	
Employer	Occupation			Employer	Occupation		
Work Phone	Monthly Salary	Date of Hire		Work Phone	Monthly Salary	Date of Hire	
( ) \$	\$			( ) \$	\$		

**Pay-On-Death:** In the event of my death, or if there is more than one owner of this account, the death of all the owners, I/we hereby designate as my/our Pay-On-Death payee to receive all sums in my/our account established on this form:

Name of Pay-On Death Payee	Name of Pay-On Death Payee
Phone No.	Phone No.
( ) Address	( ) Address
Relationship	Relationship
Social Security No.	Social Security No.

## 3 Choose Service and Indicate Initial Deposit (Contact the Credit Union concerning Certificate and IRA Accounts)

Membership Fee (\$5.00) ..... \$ \_\_\_\_\_

Regular Savings Account (\$50.00 minimum deposit) ..... \$ \_\_\_\_\_

If you are opening a Savings Account only, you can avoid a monthly fee by maintaining a minimum balance as listed in our current Schedule of Fees.

Checking Account (\$50.00 minimum deposit)

Free Checking  Total Access Checking  Premium Checking  Rewards Checking ..... \$ \_\_\_\_\_

VISA Debit Card (must have Checking Account)

Money Market Account

Regular Money Market (\$2,500 min. deposit)  Premium Money Market - 3 Tiers (\$10,000 min. deposit) ..... \$ \_\_\_\_\_

**TOTAL ENCLOSED** ..... \$ \_\_\_\_\_

## 4 Direct Deposit/Automatic Transfers

Requires 2-3 pay periods to activate. Some employers do not offer this option or may not allow us to process the request on your behalf.

I want Direct Deposit.

How often are you paid?  Weekly  Bi-Weekly  Monthly  Semi-Monthly

Deposit my entire paycheck to Checking.

Deposit my paycheck as follows:

Savings ..... \$ \_\_\_\_\_ Checking \$ \_\_\_\_\_

Other ..... \$ \_\_\_\_\_

Balance to:  Checking  Savings

## 5 Social Security No. / Taxpayer I.D.

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct tax payer identification number; (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 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, and (3) I am a U.S. person (including a U.S. resident alien).

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

## 6 Acknowledgement & Signature

I hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of AMERICAN FIRST CREDIT UNION. My signature below and use of the account will confirm my agreement to be bound and my acceptance of the Agreement on the reverse.

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

Primary Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR CREDIT UNION USE ONLY  COUNT ON US

Acct. No. \_\_\_\_\_ Opened by \_\_\_\_\_ Date \_\_\_\_\_ CheqSystems \_\_\_\_\_ Initial \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_ Audited by \_\_\_\_\_ Date \_\_\_\_\_

ATTACH CHECK FOR INITIAL DEPOSIT HERE

ATTACH SIGNATURE VERIFICATION HERE