

**PLEASE READ CAREFULLY BEFORE SIGNING:**

By signing this Membership Application on the reverse, I hereby:

1. Make application for membership in AMERICAN FIRST CREDIT UNION and certify that I am within your field of membership.
2. Agree to conform to your bylaws, rules, and policies as well as the terms and conditions of all other agreements applicable to my account(s) (including your Schedule of Fees), the terms of which are incorporated herein by this reference and receipt of which is hereby acknowledged;
3. Understand and agree that this Membership Application shall govern all accounts opened under the account number set forth on the front.
4. I authorize you to gather whatever credit, checking account, and employment information you consider appropriate from time to time. I understand that this will assist you, for example, in determining my initial and ongoing eligibility for my accounts and/or in connection with making future credit opportunities available to me. I authorize you to give information concerning your credit experience with me to others. I agree that you may retain this Membership Application as well as all other information you receive.
5. I authorize you to verify the information I have provided by any means you deem necessary, including, but not limited to, using a third party such as ChexSystems.
6. I understand that providing false or misleading information will result in the denial of my application for membership or the termination of my membership.
7. I hereby request an ATM, point of sale, and/or debit card and access to Home Banking, Bill Payment, and audio response banking, if I qualify for such services under your rules. My use of such services shall constitute my acceptance of the terms and conditions of the applicable agreements, which you will provide to me in accordance with applicable law.
8. I understand that my checking account(s) will be automatically linked to all of my available overdraft sources in the following order: (1) Line of Credit, (2) Savings Account, (3) Money Market Account. I may change the order or opt-out of overdraft protection by notifying the Credit Union in writing.

**POWER OF ATTORNEY**

9. 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.

**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 the membership fee and opening deposit.

**Save a stamp!**

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

**Fax it to us**

562/ 237-5111

**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



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 surrounding cities. For details, visit [www.amerfirst.org](http://www.amerfirst.org). A one-time \$5 membership fee applies.



# Membership Application



**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 a current Member of AFCU

Individual (Live, work, worship or attend school within our Community Charter area)

**2 MEMBER INFORMATION**

Primary Owner Name			Date of Birth			Joint Owner Name			Date of Birth								
Home Street Address			Years	<input type="checkbox"/> Own <input type="checkbox"/> Rent	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						
ID No. (State, Driver's Lic., Passport, Military)			State/Country of Issuance			ID No. (State, Driver's Lic., Passport, Military)			State/Country of Issuance								
Social Security No.			Mother's Maiden Name or Password			Social Security No.			Mother's Maiden Name or Password								
Home Phone ( )			Email Address			Home Phone ( )			Email Address								
Employer			Occupation			Date of Hire			Employer			Occupation			Date of Hire		
Work Phone ( )			Cell Phone ( )			Work Phone ( )			Cell Phone ( )								

PAY-ON-DEATH: In the event that all account owners die, the Credit Union is instructed to pay all of the funds remaining in my/ our accounts established on this form, plus interest thereon, in the following manner: FIRST to the Credit Union to the extent of any outstanding matured or unmatured debts owed to the Credit Union by any account owner; SECOND, in equal portions to those of the following individuals who remain alive at the time the last account owner dies:

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

**3 CHOOSE SERVICE AND INDICATE INITIAL DEPOSIT** (Contact the Credit Union for Certificate and IRA Accounts)

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

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

If I am opening a Savings Account only, I can avoid a monthly fee by maintaining a minimum balance as listed in your current Schedule of Fees.

Youth Savings Account

Safari Club (0-12 years)  Start Smart (13-17 years) ..... \$ \_\_\_\_\_

Checking Account w/Visa CheckCard (\$50.00 minimum deposit)

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

I am requesting an ATM Card instead of a Visa CheckCard

Money Market Account

Regular (\$2,500 min. deposit)  Premium - 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 the credit union to process the request on my behalf.

I want Direct Deposit

I am paid:  Weekly  Bi-Weekly  Monthly  Semi-Monthly

Deposit my entire paycheck to Checking

Deposit my entire 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 or I am waiting for a number to be issued to me; (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 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**

**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 I open an account, you will ask for my name, address, date of birth and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

SEE TERMS AND CONDITIONS ON REVERSE

By signing below, I acknowledge that I have read and understand the Important Information above and the Terms and Conditions on 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.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Primary Owner Signature Date Joint Owner Signature Date

FOR CREDIT UNION USE ONLY  COUNT ON US

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Audited by \_\_\_\_\_ Date \_\_\_\_\_

Acct. No. \_\_\_\_\_ Opened by \_\_\_\_\_ Date \_\_\_\_\_ Penley \_\_\_\_\_ Initial \_\_\_\_\_ POD 1 (OFAC) \_\_\_\_\_ Initial \_\_\_\_\_ POD 2 (OFAC) \_\_\_\_\_ Initial \_\_\_\_\_