

# American First Credit Union Membership Application

MAIL TO:  
PO BOX 2477 | BREA, CA 92822-2477

## 1 ELIGIBILITY

I'm eligible to join American First Credit Union (AFCU) because I am (please check one):

- ☐ An Employee of \_\_\_\_\_ ☐ A Relative of (Name) \_\_\_\_\_  
ELIGIBLE ORGANIZATION NAME AND RELATIONSHIP OF CURRENT AFCU MEMBER
- ☐ Live, work, worship or attend school within your Community Charter area

## 2 MEMBER INFORMATION

PRIMARY OWNER NAME			DATE OF BIRTH		JOINT OWNER NAME			DATE OF BIRTH	
HOME ADDRESS			YEARS AT THIS ADDRESS		<input type="checkbox"/> OWN <input type="checkbox"/> RENT		HOME ADDRESS		
CITY			STATE		ZIP		CITY		
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS) CITY			STATE		ZIP		MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS) CITY		
SOCIAL SECURITY NO.			MOTHER'S MAIDEN NAME OR A PASSWORD		SOCIAL SECURITY NO.			MOTHER'S MAIDEN NAME OR A PASSWORD	
ID NO. (STATE, DRIVER'S LIC, PASSPORT, MILITARY)		STATE/COUNTRY OF ISSUANCE		EXP. DATE		ISSUE DATE		ID NO. (STATE, DRIVER'S LIC, PASSPORT, MILITARY)	
EMPLOYER				EMPLOYER					
OCCUPATION			DURATION Years Months		OCCUPATION			DURATION Years Months	
EMAIL ADDRESS <sup>9</sup>					EMAIL ADDRESS <sup>9</sup>				
DAYTIME PHONE NUMBER		<input type="checkbox"/> CELL <input type="checkbox"/> HOME		WORK PHONE NUMBER		DAYTIME PHONE NUMBER		<input type="checkbox"/> CELL <input type="checkbox"/> HOME	

**BENEFICIARY/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 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 individuals or as indicated (must be 100%) who remain alive at the time the last account owner dies.

NAME OF PAY-ON-DEATH PAYEE	DATE OF BIRTH	SSN	WORK PHONE NUMBER	BALANCE %
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TO ADD ADDITIONAL BENEFICIARIES, TALK TO A CREDIT UNION REPRESENTATIVE.

MUST EQUAL 100%

## 3 CHOOSE SERVICE AND INDICATE INITIAL DEPOSIT

☐ Membership Fee (One Time) ..... (\$5.00) \$ \_\_\_\_\_

☐ Checking Account with a Debit Card ..... (\$50.00 to open) \$ \_\_\_\_\_  
☐ Platinum Advantage ☐ Gold Advantage ☐ Simple Checking ☐ Other: \_\_\_\_\_

☐ Savings Account ..... \$ \_\_\_\_\_  
☐ Regular Savings (\$50.00 to open) ☐ Big Prize Savings (\$25.00 to open) ☐ Holiday Club Savings (\$5.00 to open) ☐ Certificate Builder Savings (\$10.00 to open)

☐ Premium Money Market Account ..... (\$2,500 minimum deposit) \$ \_\_\_\_\_

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

TOTAL ENCLOSED \$ \_\_\_\_\_

## 4 SOCIAL SECURITY NO. / TAXPAYER I.D.

**Instructions:** Cross out item 2a or 2b in this section 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 in this section and complete a W-8 BEN if you are not a U.S. person.

Under penalties of perjury, I certify that: **(1)** The number shown on this form is my correct taxpayer 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); **(4)** Exemptions (codes apply only to certain entities, not individuals; see page 3 of W-9 form):

Exempt payee code (if any) \_\_\_\_\_; Exemption from FATCA reporting code (if any) \_\_\_\_\_ (applies to accounts maintained outside the U.S.).

## 5 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 PAGE 2

By signing below, I acknowledge that I have read and understand the Important Information above and the Terms and Conditions on page 2.

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

**\*Please include a copy of your driver's license with application**

X \_\_\_\_\_ X \_\_\_\_\_  
PRIMARY OWNER SIGNATURE DATE JOINT OWNER SIGNATURE DATE

FOR CREDIT UNION USE ONLY	CHEX: <input type="checkbox"/> CLR <input type="checkbox"/> CSN	OFAC: <input type="checkbox"/> MBR <input type="checkbox"/> JO <input type="checkbox"/> POD	RELATIVE'S ACCT. NO. _____	<input type="checkbox"/> N/A
Opened by _____ / Opened Date _____ / Opened Loc. _____ Approved by _____ Audited by _____ / Audited Date _____				

REV 1/22

**Terms and Conditions:**

By signing this Membership Application on page 1, 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 issued to me.
4. I authorize you to gather whatever credit, consumer information, 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 a Debit Card and access to Online Banking, Mobile Banking, Bill Payment, and audio response banking (MoneyLine), if I qualify for such 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) may be automatically linked to all my available overdraft sources in the following order: (1) Savings Account, (2) Line of Credit, (3) Money Market Account. I may change the order or stop overdraft protection on this checking account by notifying the Credit Union in writing.
9. ELECTRONIC COMMUNICATION You may, by written request, terminate any electronic communication from the credit union.
10. 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.