

# MEMBERSHIP APPLICATION

New Membership    Account Changes

PLEASE USE BLACK INK

Joining is as easy as 1, 2, 3

## 1. Complete the application

## 2. VERY IMPORTANT! Enclose a check for \$6 and a copy of a photo ID

\$5 to open a Regular Share account and \$1 one-time membership fee (*non-refundable*).

To open a Checking account, please enclose an additional amount of \$25 or more.

A picture ID is required for our files when opening an account. Please include a copy of a valid photo ID (U.S. Driver's License, CA ID Card, U.S. Military ID, or Passport).

## 3. Mail to this address:

Valley Credit Union  
670 Lincoln Avenue  
San Jose, CA 95126

For assistance, please call:  
408.955.1300 or 800.995.0287

### Important information about procedures 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 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 identify documents. Identity verification may be conducted through various outside services provided by eFunds, credit bureaus or other authentication service providers.

## Step 1 – Membership Information

Account # \_\_\_\_\_

|                           |                         |              |     |
|---------------------------|-------------------------|--------------|-----|
| SS # or TAX ID #          | YOUR NAME               |              |     |
| STREET ADDRESS (required) | CITY                    | STATE        | ZIP |
| P.O. BOX (optional)       | CITY                    | STATE        | ZIP |
| DATE OF BIRTH             | HOME PHONE #            | WORK PHONE # |     |
| EMAIL ADDRESS             | DRIVER'S LIC. # & STATE |              |     |
| MOTHER'S MAIDEN NAME      | EMPLOYER NAME           |              |     |

## Step 2 – Membership Eligibility

### Qualification for Membership (check all that apply)

I LIVE, WORK, OR WORSHIP IN ONE OF THE FOLLOWING COUNTIES:

Santa Clara County (800)    Alameda County (801)    Contra Costa County (802)

EMPLOYEE OF A SPONSOR COMPANY (name of company): \_\_\_\_\_

RELATIVE OF A CURRENT VCU MEMBER (relative name and phone #): \_\_\_\_\_

## Step 3 – Accounts and Services

### Check the box next to the products and services you would like to open

\*REGULAR SHARE SAVINGS   Initial Deposit \$ \_\_\_\_\_

\*\*YOUTH SHARE SAVINGS   Initial Deposit \$ \_\_\_\_\_

*Please indicate  
dollar amounts.*

\*\*\*CHECKING ACCOUNTS   Initial Deposit \$ \_\_\_\_\_

Valley Advantage Checking    Valley Free Checking    Valley Plus Checking    Valley Peak Checking

### Overdraft protection may be set up from certain Shares or Loans (see Fee Schedule for Overdraft Transfer fee).

Check here for Checking Overdraft Protection. List preferred order of transfer from other Shares or Loans.

(all Checking owners must also be owners on the overdraft Share or Loan) \_\_\_\_\_

Check here for Money Market Overdraft Protection. List preferred order of transfer from other Shares or Loans.

(all Money Market owners must also be owners on the overdraft Share or Loan) \_\_\_\_\_

Check here for Overdraft Line of Credit (a loan application must be completed and is subject to credit approval).

Check here if you want Overdraft Protection (see Fee Schedule for Overdraft transfer fee).

Check here if you want Overdraft Privilege (see Fee Schedule for NSF Paid fee).

Check here if Checking account is secured by a \$300 minimum balance in the Regular Share account.

ATM or VISA® CHECK CARD – Additional card for joint owner(s) (optional)

Joint Owner Name 1 \_\_\_\_\_

Joint Owner Name 2 \_\_\_\_\_

INTERNET BANKING & VALLEY XPRESS – Telephone Banking

OTHER \_\_\_\_\_

\*Membership Requirement – \$5 initial deposit requirement and \$5 minimum balance required.

\*\*Membership Requirement – \$1 initial deposit requirement and \$1 minimum balance required.

\*\*\*Initial deposit for Checking accounts is \$25 and no minimum balance required.

## Step 4 – Account Ownership & Designations

Individual   
  Individual Trustee   
  Joint Account with Survivorship   
  Joint Trustee   
  Tenants in Common   
  Community Property  
 Other \_\_\_\_\_ See Account Authorization Form

**Joint Owner:**     Add     Delete    (check all that apply)     SAVINGS     CHECKING     OTHER \_\_\_\_\_

|   |                      |               |                  |     |
|---|----------------------|---------------|------------------|-----|
| NAME  | STREET ADDRESS       | CITY          | STATE            | ZIP |
| HOME PHONE #  | WORK PHONE #         | EMAIL ADDRESS |                  |     |
| DRIVER'S LIC. # / STATE (or list other type and ID #) | MOTHER'S MAIDEN NAME | DATE OF BIRTH | SS # or TAX ID # |     |

**Joint Owner:**     Add     Delete    (check all that apply)     SAVINGS     CHECKING     OTHER \_\_\_\_\_

|   |                      |               |                  |     |
|---|----------------------|---------------|------------------|-----|
| NAME  | STREET ADDRESS       | CITY          | STATE            | ZIP |
| HOME PHONE #  | WORK PHONE #         | EMAIL ADDRESS |                  |     |
| DRIVER'S LIC. # / STATE (or list other type and ID #) | MOTHER'S MAIDEN NAME | DATE OF BIRTH | SS # or TAX ID # |     |

**Beneficiary:**     Add     Delete    (check all that apply)     SAVINGS     CHECKING     OTHER \_\_\_\_\_

|   |                               |               |
|---|-------------------------------|---------------|
| UPON MY OWN AND ALL JOINT OWNERS' DEATH, PAY ALL SUMS TO (Beneficiary name) | RELATIONSHIP TO ACCOUNT OWNER | DATE OF BIRTH |
| STREET ADDRESS  | CITY                          | STATE    ZIP  |

**Beneficiary:**     Add     Delete    (check all that apply)     SAVINGS     CHECKING     OTHER \_\_\_\_\_

|   |                               |               |
|---|-------------------------------|---------------|
| UPON MY OWN AND ALL JOINT OWNERS' DEATH, PAY ALL SUMS TO (Beneficiary name) | RELATIONSHIP TO ACCOUNT OWNER | DATE OF BIRTH |
| STREET ADDRESS  | CITY                          | STATE    ZIP  |

**Uniform Transfers/Gifts To Minors Act** (Minor's information here – Parent or Guardian information goes in Step 1)

|   |
|---|
| As custodian for (Minor's Name) _____ under the Uniform Transfers/Gifts to Minors Act |
| Minor's SS # or Tax ID # _____ Minor's Date of Birth _____ Successor Trustee _____    |

## Step 5 – Certification & Signatures

By signing below, I hereby appoint the members of the Board of Directors of Citizens Equity First Credit Union ("CEFCU"), who are qualified and acting directors at the time this proxy is used ("the directors"), as my proxies to vote all shares of CEFCU now or hereafter owned or held by me for the election of directors, and any other matter that credit union members are entitled to vote by proxy. I authorize a majority of the directors to vote my share(s) as they see fit, at all meetings of the members of CEFCU hereafter held until this proxy is canceled by me. I further authorize the directors to designate a person or committee to cast my vote(s) in such manner and for such candidates or for or against such proposals as a majority of the directors shall see fit.

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalty of perjury, that I am a U.S. person (including a U.S. resident alien) unless otherwise stated below, that the Social Security number (SS #)/taxpayer identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding   
  Exempt   
  I am a Foreign person without resident alien status (complete W-8 or W-8BEN form)

By signing below, I certify under penalties of perjury that the information on this membership application (front and back) is complete, true, and submitted for the purpose of obtaining accounts and services requested. I agree (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this application for the purpose of extending credit or services to me or reviewing or collecting a credit account of mine; (b) that the Credit Union can tell others about its credit experience with me and obtain information from others about my credit history and performance. If I request, the Credit Union will tell me the name and address of any credit reporting agency from which it received a credit report on me. By providing the Credit Union my email address, I consent to receiving occasional email messages regarding promotional offers, announcements, or other communications related to my relationship with the Credit Union.

By signing below, I acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement and Disclosure, Truth-in-Savings Disclosure, Rate and Fee Schedule, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.

By signing below, I agree that the changes on this application amend the previously signed membership applications.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint #1 Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint #2 Member Signature \_\_\_\_\_ Date \_\_\_\_\_

| FOR CREDIT UNION USE ONLY                               |  |
|---|--|
| Verification Date: _____                                | Verified By: _____                     |
| ID Type: _____  | ID Place of Issuance: _____            |
| ID #: _____   |  |
| ID Issue Date: _____                                    | ID Expire Date: _____                  |
| Other Verification: _____                               |  |
| <input type="checkbox"/> See Account Authorization Form | <input type="checkbox"/> Credit Report |
| Opened By: _____  | Membership Approved By: _____          |
| Chex Systems: _____                                     | ATM/Debit Card Limit: _____            |