

PLEASE USE BLACK INK

- New Membership Account Changes

Account # _____

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 (US Drivers License, CA ID Card, US Military ID, Passport, or Matricula Consular ID).

3. Mail to this address:

Valley Credit Union
670 Lincoln Avenue
San Jose, CA 95126
Attention: Member Services

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 identifying documents. Identity verification may be conducted through various outside services provided by eFunds, credit bureaus or other authentication service providers.

Step 1 - Membership Information

SS# or TAX I.D.#	YOUR NAME		
STREET ADDRESS (required)	CITY	STATE	ZIP
P.O. Box (optional)	CITY	STATE	ZIP
DATE OF BIRTH	HOME PHONE #	WORK PHONE #	
E-MAIL 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 DO NOT want Overdraft Protection.
- Check here if you DO NOT want NSF Courtesy Pay (see fee schedule for courtesy pay 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 \$5 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 #	E-MAIL ADDRESS		
DRIVER'S LIC. # / STATE (or list other type and ID #)	MOTHER'S MAIDEN NAME	DATE OF BIRTH	SS# or TAX I.D.#	

Joint Owner: ADD DELETE (check all that apply) SAVINGS CHECKING OTHER _____

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

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	BIRTH DATE
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	BIRTH DATE
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 Birth Date _____ 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 proxy 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 back up 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 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 _____



Important Privacy Choice for Consumers

You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choice below.

Your Right

You have the following right to restrict the sharing of personal and financial information with outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

Your Choice

Restrict Information Sharing With Other Companies We Do Business With To Provide Financial Products And Services: Unless you say "No," we may share personal and financial information about you with outside companies we contract with to provide financial products and services to you.

- NO, please do not share personal and financial information with outside companies you contract with to provide financial products and services.

Time Sensitive Reply

You may make your privacy choice at any time. Your choice marked here will remain unless you state otherwise. However, if we do not hear from you we may share some of your information with other companies with whom we have contracts to provide products and services.

Name: _____

Account Number(s): _____

Signature: _____

To exercise your choice, please do one of the following:

1. Fill out your information above, sign and send back this form to us using the envelope provided (*you may want to make a copy for your records*)
2. Call us at this toll-free number - **(800) 995-0287**
3. Reply electronically by going to our website at www.valleycu.org and click on the **PRIVACY** link for further instructions on how to opt out online