



MEMBERSHIP APPLICATION

840 Echo Park Avenue, Los Angeles, CA 90026 | (213) 328-7756 | www.EpiscopalCredit.org

IMPORTANT: Customer Identification Program 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. What this means for Me: 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 will also ask to see my driver's license or other identifying documents.

MEMBERSHIP ELIGIBILITY: (subject to verification)

- an employee or Congregation member of _____
- a family/household member of _____

PRIMARY ACCOUNT OWNER INFORMATION:

Last Name		First Name		Middle Initial
Social Security Number		Mother's Maiden Name		
Email Address				
Cell Phone Number		Work Phone Number and Extension		
Driver's License #	State	Exp. Date	Date of Birth	
Primary Address				
City	State	Zip Code		
Employer	Occupation			

I'M APPLYING FOR: (check all that apply)

<input type="checkbox"/> Savings: Individual Account	<input type="checkbox"/> Checking: Individual Account
<input type="checkbox"/> Savings: Joint Account	<input type="checkbox"/> Checking: Joint Account

JOINT ACCOUNT OWNER INFORMATION:

Last Name		First Name		Middle Initial
Social Security Number		Mother's Maiden Name		
Email Address				
Cell Phone Number		Work Phone Number and Extension		
Driver's License #	State	Exp. Date	Date of Birth	
Primary Address				
City	State	Zip Code		
Employer	Occupation			

PAY ON DEATH PROVISION (BENEFICIARIES)

In the event of a death, or if there is more than one owner of this account, in the event of all the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account established on this application.

Last Name	First Name	Middle Initial	Relationship	Date of Birth
Social Security Number:		Contact Number	%	

I'd like to add more beneficiaries to my account.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Social Security Number: - -

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer 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).

ACKNOWLEDGMENT OF RECEIPT AND ACCEPTANCE OF TRUTH-IN-SAVINGS DISCLOSURE

By signing below, I acknowledge and agree as follows: (1) I hereby apply for membership in, and agree to conform to the bylaws (as amended) of, the Credit Union ('you'). (2) I have received a copy of the Credit Union's Truth-in Savings Disclosure, and a copy of the current Rate and Fee Schedule. (3) All terms, conditions and information contained in the Disclosure, and any amendments thereto, are by this reference incorporated in their entirety into this Membership Application and Account Agreement ("Agreement"), and I agree to be bound by the terms and conditions of the Disclosure and Agreement. (4) I authorize you to obtain credit reports in connection with this account and any future services provided by you, as permitted by law. (5) I agree to pay you all of your costs and reasonable attorneys' fees, including all collection costs, litigation costs, skip-tracing fees and outside services fees incurred while enforcing your rights under this agreement. (6) Express Consent (Non-Telemarketing Only): I hereby give my express consent for you and others acting on your behalf to contact me at any telephone number I give to you or you obtain from any other source (including any wireless phone or VoIP regarding this account or any other relationship I now or later have with you. I have not provided, and I will not provide to you, any telephone number unless I am the subscriber to the service or the customary user of the telephone to which that number relates unless I tell you in writing. If I revoke this authorization I will do so in a way that is likely to provide you with notice in time to process that revocation before you make any further calls or send any further texts, such as by using one of the methods designed by the Credit Union. (7) I certify that all information given in connection with this agreement is accurate. I understand that you may verify all information I have given.

Member Signature	Date
Joint Member Signature	Date

ACCOUNT NUMBER (Credit Union Use Only)

FSR Initial: _____ Date Rcvd: _____

Approved by: _____ Date: _____

Federally Insured by **NCUA** Savings federally insured to at least \$250,000 by the NCUA, an agency of the US government.



We do business in accordance with the Federal Fair Housing Act and the Equal Credit Opportunity Act