

San Bernardino School Employees Federal Credit Union

Mailing Address: P.O. Box 2007, San Bernardino, CA 92406
Office Address: 2441 N. Sierra Way, San Bernardino, CA 92405
(909) 882-2911 - Fax (909) 881-4162 - MTS (909) 882-6471 or 1 (888) 413-4981
www.sbsefcu.org

**MEMBERSHIP APPLICATION
AND ACCOUNT AGREEMENT**

ACCOUNT NUMBER

Important Information About Procedure 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 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 may also ask to see my driver's license or other identifying documents.

Primary Owner Name _____ Joint Owner No. 1 Name _____
Social Security Number _____ Social Security Number _____
Mother's Maiden Name _____ Mother's Maiden Name _____
Tele-Check Verification No. _____ Tele-Check Verification No. _____
Teller/Initial & No. _____ Branch No. _____ OFAC Ver. _____ Teller/Initial & No. _____ Branch No. _____ OFAC Ver. _____

1 ELIGIBILITY

I'm eligible to join San Bernardino School Employees Federal Credit Union because I am employed by:
 SBCUSD RUSD SBCD OR Family Member
Family member name: _____ Relationship: _____ Account No.: _____
How did you hear about us? _____

2 MEMBER INFORMATION

Home Street Address	Home Street Address
City State Zip	City State Zip
Mailing Address (if different) City State Zip	Mailing Address (if different) City State Zip
Date of Birth Type of Identification Number Exp. Date	Date of Birth Type of Identification Number Exp. Date
Home Phone E-Mail Address	Home Phone E-Mail Address
Pay-On-Death Beneficiary: In the event of my death, or if there is more than one owner of this account, the death of all the owners, I/we hereby designate as my/our Pay-On-Death payee to receive all sums in my/our account established on this form:	
Name of Beneficiary Phone No.	Name of Beneficiary Phone No.
Address	Address

3 CONVENIENT ACCESS SERVICES

VISA Check (Debit) Card Additional Card for First Joint Owner Member Telephone Service (Audio Response)
 ATM Card Additional Card for First Joint Owner On Line Home Banking

4 OVERDRAFT OPTIONS

Overdrafts can be covered in two different ways. They are: 1) A transfer from my Savings Account, with not more than three transfers in any calendar month, or 2) An advance from my Line of Credit, upon approval of credit and subject to terms and conditions of that account, up to my credit limit. If this option is selected Section 5 must be completed (**check all that apply**)

The Line of Credit is subject to credit approval. Complete Section 5.

Line of Credit - Choice: 1 2 Savings No. _____ Choice: 1 2 No Overdraft

INCOME VERIFICATION REQUIRED

5 INFORMATION FOR LOAN SERVICES

PRIMARY OWNER

Years at above address _____ Own Rent Live with Parents

Monthly Housing Expense \$ _____ Housing Expense Paid to _____

MARITAL STATUS: CHECK ONE if you reside in or are relying on property in a community property state (CA) or if you are applying for a secured credit or joint account.

MARRIED SEPARATED UNMARRIED (single, divorced, widowed)

Employer Name _____ Work Phone _____

Employer Address _____

Position _____ Annual Salary _____

Hire Date _____ Full Time Part Time 12 Mo. 10 Mo.

JOINT OWNER

Years at above address _____ Own Rent Live with Parents

Monthly Housing Expense \$ _____ Housing Expense Paid to _____

MARITAL STATUS: CHECK ONE if you reside in or are relying on property in a community property state (CA) or if you are applying for a secured credit or joint account.

MARRIED SEPARATED UNMARRIED (single, divorced, widowed)

Employer Name _____ Work Phone _____

Employer Address _____

Position _____ Annual Salary _____

Hire Date _____ Full Time Part Time 12 Mo. 10 Mo.

6 SOCIAL SECURITY NO./TAXPAYER I.D.

My taxpayer identification number is (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 not 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.

7 ACKNOWLEDGEMENT

AGREEMENT: In this Membership Application and Account Agreement "I" and "My" mean each and every person who signs below. "You" and "Your" mean San Bernardino School Employees Federal Credit Union. If I am not currently a member, I hereby make application for membership in San Bernardino School Employees Federal Credit Union. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Account Agreement, Truth in Savings Disclosure, the Courtesy Pay

Agreement, the Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement (receipt of all of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Membership Application and Account Agreement shall govern the accounts designated by me. I authorize you to open other account(s) for me in person or per my telephone request.

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, for example, in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Membership Application and Account Agreement and any other information you may receive.

I have read and agree to be bound by the terms contained stated above.

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

X _____
Primary Owner Signature Date

X _____
First Joint Owner Signature Date

Primary Owner Right Thumb Print

First Joint Owner Right Thumb Print

Application Approved By (Print Name): _____ Title: _____

Signature: **X** _____ Date: _____

ADDITIONAL JOINT OWNERS

Primary Member Number

FOR CREDIT UNION USE ONLY
 VERIFICATION OF ID:
 Documentary Method Used (Other than Driver's License)*
 Type of Document: _____ ID No.: _____
 Place of Issuance: _____ Date of Issuance: _____ Expiration Date: _____
 Non-Documentary Method Used: _____ Results: _____
 Description of Resolution of Any Substantive Discrepancy:

 ID Verified By (Print Name): _____ Title: _____
 Signature: **X** _____ Date: _____

RIGHT THUMB PRINT

Joint Owner Name No. 2	
Social Security No.	Mothers Maiden Name
Home Phone	Work Phone
Home Address (street)	
(City, State, Zip)	E-mail
Identification	Date of Birth
Occupation	Employer
Tele-Check Verification No.	OFAC Ver.

FOR CREDIT UNION USE ONLY
 VERIFICATION OF ID:
 Documentary Method Used (Other than Driver's License)*
 Type of Document: _____ ID No.: _____
 Place of Issuance: _____ Date of Issuance: _____ Expiration Date: _____
 Non-Documentary Method Used: _____ Results: _____
 Description of Resolution of Any Substantive Discrepancy:

 ID Verified By (Print Name): _____ Title: _____
 Signature: **X** _____ Date: _____

RIGHT THUMB PRINT

Joint Owner Name No. 3	
Social Security No.	Mothers Maiden Name
Home Phone	Work Phone
Home Address (street)	
(City, State, Zip)	E-mail
Identification	Date of Birth
Occupation	Employer
Tele-Check Verification No.	OFAC Ver.

FOR CREDIT UNION USE ONLY
 VERIFICATION OF ID:
 Documentary Method Used (Other than Driver's License)*
 Type of Document: _____ ID No.: _____
 Place of Issuance: _____ Date of Issuance: _____ Expiration Date: _____
 Non-Documentary Method Used: _____ Results: _____
 Description of Resolution of Any Substantive Discrepancy:

 ID Verified By (Print Name): _____ Title: _____
 Signature: **X** _____ Date: _____

RIGHT THUMB PRINT

Joint Owner Name No. 4	
Social Security No.	Mothers Maiden Name
Home Phone	Work Phone
Home Address (street)	
(City, State, Zip)	E-mail
Identification	Date of Birth
Occupation	Employer
Tele-Check Verification No.	OFAC Ver.

 Primary Owner Name Date

 Primary Owner Signature Date

 Signature Joint Owner No. 2 Date

 Signature Joint Owner No. 3 Date

 Signature Joint Owner No. 4 Date

 Teller Initial & No. Date