EPISCOPAL FEDERAL CREDIT UNION

A division of the United Methodist Federal Credit Union

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PO Box 60651
Montclair, CA 91763-1126
1-800-245-0433

Membership Invitation

☐ *This is an account update*

ACCOUNT NUMBER

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 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.

1 ELIGIBILITY

I'M ELIGIBLE TO JOIN EPISCOPAL FEDERAL CREDIT UNION BECAUSE I AM (PLEASE CHECK ONE): *SUBJECT TO VERIFICATION*

☐ CLERGY / STAFF OF (ELIGIBLE CHURCH ORGANIZATION)	☐ (ELIGIBLE POSITION)	OF (ELIGIBLE ORGANIZATION)
☐ RELATED TO (MEMBER 'S NAME) AND RELATIONSHIP (WHO IS A MEMBER ALREADY OF EFCU)	☐ MEMBER OF / WORSHIP AT (NAME OF CHURCH)	
☐ JURISDICTION	☐ DISTRICT	

2 MEMBER INFORMATION *PLEASE COMPLETE ENTIRE FORM, CHECK BOXES FOR SERVICES REQUESTED AND SIGN AT BOTTOM.*

PRIMARY OWNER NAME			
HOME STREET ADDRESS		YEARS ☐ OWN ☐ RENT ☐ LIVE WITH FAMILY	
CITY		STATE	ZIP
PREVIOUS ADDRESS		STATE	ZIP
DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVER LICENSE NO.	
HOME PHONE ( )	MOTHER'S MAIDEN NAME	EMAIL ADDRESS	
EMPLOYER	OCCUPATION	WORK PHONE ( )	
Pay-on-death: in the event of my death and all other joint owners predecease me, I/we hereby designate the person(s) whose name appears below as my beneficiary to receive any and all amounts in my/our account established on this form:			
NAME OF PAY-ON-DEATH PAYEE		PHONE NO. ( )	
ADDRESS			

JOINT OWNER NAME			
HOME STREET ADDRESS		YEARS ☐ OWN ☐ RENT ☐ LIVE WITH FAMILY	
CITY		STATE	ZIP
PREVIOUS ADDRESS		STATE	ZIP
DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVER LICENSE NO.	
HOME PHONE ( )	MOTHER'S MAIDEN NAME	EMAIL ADDRESS	
EMPLOYER	OCCUPATION	WORK PHONE ( )	
Pay-on-death: in the event of my death and all other joint owners predecease me, I/we hereby designate the person(s) whose name appears below as my beneficiary to receive any and all amounts in my/our account established on this form:			
NAME OF PAY-ON-DEATH PAYEE		PHONE NO. ( )	
ADDRESS			

3 CHOOSE SERVICE AND INDICATE INITIAL DEPOSIT *(CONTACT THE CREDIT UNION CONCERNING CERTIFICATE AND IRA ACCOUNTS)*

☐ **DEPOSIT TO REGULAR SHARE SAVINGS ACCOUNT** ($25 MINIMUM DEPOSIT PLUS $5 MEMBERSHIP FEE – TOTAL $30 MINIMUM) ..... $

☐ **SHARE DRAFT (CHECKING) ACCOUNT** (SEE REVERSE FOR INDIVIDUAL PROGRAMS — $25 MINIMUM DEPOSIT) ..... $

(MUST COMPLETE SECTION 4 BELOW) ☐ VALUE VANTAGE ☐ PREMIUM CHECKING ☐ GOLDEN ACCOUNT

☐ **MONEY MARKET MULTIPLIER** ($2,000 MINIMUM DEPOSIT) ..... $

☐ **CHRISTMAS CLUB** (NO MINIMUM DEPOSIT) ..... $

☐ **YOUTH SHARE ACCOUNT** ($5 MINIMUM DEPOSIT) ..... $

☐ **ATM CARD**
☐ **DEBIT CARD**
☐ **ADDITIONAL CARD FOR JOINT OWNER**
☐ **ADDITIONAL CARD FOR JOINT OWNER** (MUST HAVE CHECKING ACCOUNT)

4 OVERDRAFT OPTIONS

I want Episcopal Federal Credit Union to authorize and pay overdrafts for my: ☐ **CHECKING ACCOUNT** ☐ **ATM/DEBIT CARD** ☐ **ALL**

I understand that I can opt out of this opportunity for overdraft protection in the future. 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.

(check only one box). Funds should come from: ☐ **SAVINGS ONLY** ☐ **LINE OF CREDIT ONLY** (a separate loan application is required for this option)

☐ **I DO NOT WANT OVERDRAFT PROTECTION.** (Opt-out)

5 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 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).

Instruction: 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.

6 ACKNOWLEDGEMENT & SIGNATURE *(SEE REVERSE FOR SIGNATURE VERIFICATION REQUIREMENTS)*

I hereby make application for membership in and agree to conform to be bound by the by-laws, regulations, policies and rules, and any amendments thereof, of EPISCOPAL FEDERAL CREDIT UNION.
I acknowledge receipt of the Account Agreement, Disclosure for Electronic Services, Truth-in-Savings, and the Fee Schedule and agree to be bound by their terms. My signature below and use of the account will confirm my agreement to be bound and my acceptance of the Agreement on the reverse.

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

PRIMARY OWNER SIGNATURE _____ DATE _____

JOINT OWNER SIGNATURE _____ DATE _____