

# SFBAECU Membership Application

DATE: \_\_\_\_\_

ACCT #: \_\_\_\_\_ MEMBER: \_\_\_\_\_

NEW MEMBER       JOINT ACCOUNT

INDIVIDUAL       SHARE DRAFT \_\_\_\_\_  
(date opened)

SHARE ACCT \_\_\_\_\_  
(date opened)

I/WE HEREBY MAKE APPLICATION FOR MEMBERSHIP IN AND AGREE TO CONFORM TO THE BY-LAWS (AS AMENDED) OF THE SAN FRANCISCO BAY AREA EDUCATORS CREDIT UNION.

**ACKNOWLEDGEMENT OF RECEIPT AND ACCEPTANCE OF TRUTH-IN-SAVINGS DISCLOSURE**

By signing below, I/we acknowledge that I/we have received a copy of the Credit Union's Truth-In-Savings Disclosure ("Disclosure") and that I/we have received a copy of the current Rate and Fee Schedule. All the terms, conditions, and information contained in the disclosure and any amendments thereto ("Application") are by this reference incorporated in their entirety into this membership application and account agreement ("Application"). I/We authorize the Credit Union to obtain credit reports in connection with this account and may future services provided by the Credit Union as permitted by law. I/we agree to be bound by the terms and conditions of the Disclosure and Application. I/we understand that the Credit Union may verify all information I/we have given on the Application.

MEMBER SIGNATURE      DATE       JOINT OWNER SIGNATURE      DATE

MEMBER NAME (PRINT)      SOCIAL SECURITY NUMBER      DATE OF BIRTH

ADDRESS      CITY      STATE      ZIP

HOME PHONE      BUSINESS PHONE      EMAIL

MOTHER'S MAIDEN NAME      ID TYPE (EXP DATE)      EMPLOYER

JOINT OWNER NAME (PRINT)      SOCIAL SECURITY NUMBER      DATE OF BIRTH

ADDRESS      CITY      STATE      ZIP

HOME PHONE      BUSINESS PHONE      EMAIL

MOTHER'S MAIDEN NAME      ID TYPE (EXP DATE)      EMPLOYER

**IMPORTANT NEW ACCOUNT PROCEDURES:** 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.

**SHARES BENEFICIARY (member)** – In the event of my death and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appears below as my beneficiary to receive any and all amounts in this account(s).

BENEFICIARY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

MEMBER SIGNATURE  \_\_\_\_\_ DATE: \_\_\_\_\_

**SHARES BENEFICIARY (joint owner)** – In the event of my death and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appears below as my beneficiary to receive any and all amounts in this account(s).

BENEFICIARY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

JOINT OWNER SIGNATURE  \_\_\_\_\_ DATE: \_\_\_\_\_

OVERDRAFT PROTECTION: YES  NO  Share Draft Account overdrafts will be covered by a transfer from:

SHARE ACCT#      SHARE ACCT#      LOAN#

**PAYER'S REQUEST FOR TAXPAYER ID# NAME:** \_\_\_\_\_

**PART I. Taxpayer Identification Number (TIN).** Enter your TIN in the box below. For individuals, this is your social security number (SSN). HOWEVER, for a resident alien, sole proprietor, or disregarded entity, refer to the W-9 Form, Specific Instructions, Part I. For other entities, it is your employer identification number (EIN). If you do not have this number, see instructions How To Get a TIN on the W-9 Form, specific Instructions. NOTE: If the account is more than one name, see the chart on the W-9 Form, Specific Instructions. **ENTER SSN or EIN:** \_\_\_\_\_

**PART II. CERTIFICATION. UNDER PENALTIES OF PERJURY, I CERTIFY THAT:**

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 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 US citizen or other US person (defined in the W-9 Form, General Instructions). **CERTIFICATION INSTRUCTIONS:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See Certification Instructions in the W-9 Form). **The IRS does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding. SIGNATURE(S):** \_\_\_\_\_

**FOR SFBAECU OFFICE USE ONLY:**

Acct opened by \_\_\_\_\_ Application for membership approved by \_\_\_\_\_



Please Do Not Write Outside this Border

← SIGN

← SIGN if JOINT

← SIGN

← SIGN IF JOINT

← SIGN – BOTH IF JOINT

Please complete the form on the left and MAIL or DELIVER to:  
 San Francisco Bay Area Educators Credit Union  
 258 B Laguna Honda Blvd.  
 San Francisco, CA 94116

Or, you can FAX:  
 415.664.9905

ALSO INCLUDE:  
 a clear copy of a valid California state ID, such as a driver's license, for each person signing this form.

NOTE: DEPOSIT REQUIRED  
 A \$30 minimum deposit is required to activate your new membership. You can mail a check, or if you fax, please mail a check. Thanks!

**Questions?**  
 Call: 415.664.4313