master account signature card

federal credit union

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 also may ask to see my driver's license or other identifying documents.

for UMe use only member name:_____ date:_____ account #:_____

ACCOUNT TYPE

I wish to open the following: ☐ Savings Account ☐ Checking Account ☐ Money Market Account (MMA) ☐ Certificate Account ☐ Special Savings Account ☐ Other: _____

I would like the following product(s) / service(s): ☐ Visa Debit Card ☐ Online Banking

The account(s) shall be: ☐ Individual ☐ Joint ☐ With Pay-On-Death Provision With Overdraft from: ☐ Savings ☐ Checking ☐ MMA ☐ Other

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Last Name _____ First Name _____ (MI) _____ SSN/TIN _____

Street Address _____ City _____ State _____ Zip Code _____

Driver's License Number _____ State _____ Expiration Date _____ Date of Birth _____ Mother's Maiden Name _____

(_____)_____ Home Phone Number (_____)_____ Cell Phone Number Email Address _____

Employer _____ Occupation/Job Title _____ (_____)_____ Work Phone Number

Work Address _____ City _____ State _____ Zip Code _____

Membership Eligibility: ☐ Live in Burbank ☐ Work in Burbank ☐ Worship in Burbank ☐ Student in Burbank ☐ Family/Employer/Association ☑ Other: _____

▼ PLEASE INDICATE HOW / WHERE YOU HEARD ABOUT US. *(We'd really like to know what - or who - inspired you to bank with us!)*

☑ family (referral name):_____ ☐ friend (referral name):_____ ☐ UMe employee (referral name):_____

☐ walked / drove by ☐ newspaper ad ☐ bus stop poster ☐ door hanger ☐ mail ☐ coffee sleeve ☐ yelp ☐ twitter ☐ google ad ☐ other online ad ☐ partner perks

☐ bta newsletter ☐ school mail insert (school name):_____ ☐ school ad / sponsorship (school name):_____

PAYABLE-ON-DEATH (POD) PROVISION AUTHORIZATION

POD Payee Full Name / Distribution Amount (%):	/ _____%	/ _____%
SSN / Date of Birth	/	/
Street Address:		
City / State / Zip:		
Phone Number(s):		
Relationship:		

AUTHORIZATION

If I am not currently a member, I hereby make application for membership in UMe Credit Union. Each applicant for membership certifies that he or she is within the Credit Union's field of membership. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Member Account Agreement & Disclosure which includes the Electronic Funds Transfer Disclosure & Agreement, and receipt of which is hereby acknowledged and which are incorporated by reference. I understand and agree that this Signature Card shall govern all accounts ("Accounts") opened, whether now or in the future, under the account number set forth above. I agree that you may retain this Signature Card and any other information you may receive. I will execute additional signature cards to open other account(s) with you. 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 you, for example, in determining my initial and ongoing eligibility for my Accounts and/or in correction with making present and future credit opportunities available to me. I authorize you to give information concerning your experience with me to others. The Credit Union does not permit Money Service Business (MSB) accounts and Marijuana Related Business (MRB) accounts, and I attest that my account will not be used in that manner.

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER | PART I. Taxpayer Identification Number (TIN)

I will enter my TIN in the appropriate box. For individuals, this is my Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, I will see Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification in the Member Account Agreement & Disclosure. For other entities, it is my Employer Identification Number (EIN). If I do not have a number, I will see How to Get a TIN in "Specific Instructions" Part I. **NOTE:** If the account is in more than one name, I will see the chart for guidelines on "What Name and Number To Give the Requestor.

SOCIAL SECURITY # (SSN): _____ **OR EMPLOYER ID # (EIN):** _____

Under penalties of perjury, member certifies 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 International Revenue Service (IRS); and 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). I agree to cross out item (2) above if I have been notified by the IRS that I, currently, am subject to backup withholding because of underreporting of interest and/or dividends on my tax return.

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

Signature of U.S. Person: _____ Date: _____

for UMe use only ☐ chexsystems ☐ ofac ☐ scan id(s) ☐ address verification ☐ credit report ☐ safety net ☐ date: _____

NCUA Your savings federally insured to at least $250,000 and backed by the full faith and credit of the United States Government. National Credit Union Administration, a U.S. Government Agency.

umecreditunion.com
3000 W. Magnolia Blvd. Burbank, CA 91505
t 818) 238.2900 **f** 818) 238.2930

JOINT OWNER (1) INFORMATION *(if applicable)*

Last Name _____ First Name _____ (MI) _____ SSN/TIN _____

Street Address _____ City _____ State _____ Zip Code _____

Driver's License Number _____ State _____ Expiration Date _____ Date of Birth _____ Mother's Maiden Name _____

Home Phone Number (_____)_____ Cell Phone Number (_____)_____ Email Address _____

Employer _____ Occupation/Job Title _____ Work Phone Number (_____)_____

Work Address _____ City _____ State _____ Zip Code _____

Signature: _____ Date: _____

JOINT OWNER (2) INFORMATION *(if applicable)*

Last Name _____ First Name _____ (MI) _____ SSN/TIN _____

Street Address _____ City _____ State _____ Zip Code _____

Driver's License Number _____ State _____ Expiration Date _____ Date of Birth _____ Mother's Maiden Name _____

Home Phone Number (_____)_____ Cell Phone Number (_____)_____ Email Address _____

Employer _____ Occupation/Job Title _____ Work Phone Number (_____)_____

Work Address _____ City _____ State _____ Zip Code _____

Signature: _____ Date: _____

JOINT OWNER (3) INFORMATION *(if applicable)*

Last Name _____ First Name _____ (MI) _____ SSN/TIN _____

Street Address _____ City _____ State _____ Zip Code _____

Driver's License Number _____ State _____ Expiration Date _____ Date of Birth _____ Mother's Maiden Name _____

Home Phone Number (_____)_____ Cell Phone Number (_____)_____ Email Address _____

Employer _____ Occupation/Job Title _____ Work Phone Number (_____)_____

Work Address _____ City _____ State _____ Zip Code _____

Signature: _____ Date: _____