

# Membership Application / Update



## Account Membership and Authorization Form

This form must be read in conjunction with the Upward Credit Union Disclosure and Account Agreement and Fee Disclosure. Together, they create legally binding obligations on the Credit Union and the undersigned.

### Important Information About 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 that 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.

### New Account & Membership:

I apply for membership in Upward Credit Union; I understand that I must pay a \$1 lifetime membership fee and open a regular savings account, and that I must maintain a \$25 minimum balance in that account in order to be eligible for other Credit Union services.

I would like the Credit Union to open the following account(s):  Savings  Checking Account

**FOR CREDIT UNION USE ONLY**

Account #: \_\_\_\_\_

### Existing Account Updates:

I would like to update my existing Upward Credit Union Account # \_\_\_\_\_

Open Checking Account  Add / Delete Joint Owner  Update Beneficiaries  Other \_\_\_\_\_

I would like to apply for a loan

### Member's Social Security Number

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Birthdate                      Driver's License #/State

\_\_\_\_\_  
Home Phone                      Cell Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                                  State                                  Zip

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer Name                      Work Phone

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
City                                  State                                  Zip

\_\_\_\_\_  
Mother's Maiden Name

### Joint Owner's Social Security Number

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Birthdate                      Driver's License #/State

\_\_\_\_\_  
Home Phone                      Cell Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                                  State                                  Zip

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer Name                      Work Phone

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
City                                  State                                  Zip

\_\_\_\_\_  
Mother's Maiden Name

### Membership Eligibility:

- Live/Work in San Mateo County  Mills-Peninsula Health Services/Affiliates  Sequoia Hospital  
 Family of Current Member — Relative's Name \_\_\_\_\_  
 Other (Explain Your Eligibility) \_\_\_\_\_

**Beneficiary Information:** The following beneficiaries are to receive the proceeds of my accounts at my death. If this is a joint account, the beneficiaries are to receive the proceeds only upon the death of both/all joint owners.

Name	Relationship	Date of Birth	SSN
Address	City	State	Zip

Name	Relationship	Date of Birth	SSN
Address	City	State	Zip

Name	Relationship	Date of Birth	SSN
Address	City	State	Zip

I acknowledge receipt of the Upward Credit Union Disclosure and Account Agreement and Fee Schedule, incorporated herein by reference, and I understand and agree to the terms set forth in the document and this Authorization Form.

Except for the opening of the Individual Retirement Accounts (IRAs), which must be in my name only, I understand that if there are additional signers on this authorization card, the account(s) is/are to be opened jointly in my name and the name of the other signer(s) and that, if requested, Visa® Debit Cards will be issued to all joint owners. I understand that all funds in a joint account are jointly owned by all signers and each signer has access to the funds in the account pursuant to the terms of the Disclosure and Account Agreement.

I understand the law permits the Credit Union to delay the availability of non-cash items deposited to my account(s) as described in the Disclosure and Account Agreement.

I authorize the Credit Union to check my credit from time to time to determine my eligibility for loan products. I can revoke this authorization at any time by notifying the Credit Union in writing. If I do not wish to give this authorization I have initialed here: \_\_\_\_\_. The Credit Union is allowed to check my credit in any event if I request or maintain a Credit Union loan or a checking account.

**I certify under penalty of perjury that the Tax ID/Social Security Number given to the Credit Union on this application is correct. I have never received a notice from the Internal Revenue Service of under-reporting of dividends or interest. I am not now obligated to have dividends or interest withheld. I also certify that I am a U.S. person including a U.S. resident alien.**

This account authorization revokes all prior authorization regarding this/these account(s). It can only be changed by giving you another completed Authorization Form. I understand that the IRS does not require my consent to any term of this agreement except the certification required to avoid backup withholding.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date

### FOR CREDIT UNION USE ONLY

\_\_\_\_\_  
Name (Last, First)      Date Opened/Updated      By      Account Number

OFAC/Chex Systems:

Member: \_\_\_\_\_ Joint: \_\_\_\_\_

Comments: \_\_\_\_\_

CHECKING:     Approved     Denied (Gave C/S and Renew A/C Information)

Checks Ordered \_\_\_\_\_     VCC Requested \_\_\_\_\_

REG E:     Opt-In     Opt-Out

ADDRESS VERIFICATION:     DL/ID     Utility Bill     Other \_\_\_\_\_

How did member learn about Upward Credit Union?:     Work     Drive by     Relative     Other \_\_\_\_\_

### MEMBERSHIP OFFICER APPROVAL:

\_\_\_\_\_  
Date: \_\_\_\_\_