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# Membership Information

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 INTERFAITH FEDERAL CREDIT UNION BECAUSE I AM (PLEASE CHECK ONE): SUBJECT TO VERIFICATION

<input type="checkbox"/> CLERGY / STAFF OF (ELIGIBLE FAITH ORGANIZATION)	(ELIGIBLE POSITION)	OF (ELIGIBLE ORGANIZATION)
<input type="checkbox"/> RELATED TO (MEMBER'S NAME) AND RELATIONSHIP (WHO IS ALREADY A MEMBER OF INTERFAITH FCU)	<input type="checkbox"/> MEMBER OF / WORSHIP AT (NAME OF FAITH ORGANIZATION)	
CONFERENCE, DIOCESE OR REGIONAL AFFILIATION	REFERRED BY	

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

PRIMARY OWNER NAME		
HOME STREET ADDRESS	YEARS	<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> 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. ( )
SOCIAL SECURITY NO.	EMAIL ADDRESS	
ADDRESS	CITY	STATE ZIP

JOINT OWNER NAME		
HOME STREET ADDRESS	YEARS	<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> 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. ( )
SOCIAL SECURITY NO.	EMAIL ADDRESS	
ADDRESS	CITY	STATE ZIP

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

DEPOSIT TO REGULAR SHARE SAVINGS ACCOUNT (\$5 MINIMUM DEPOSIT PLUS \$5 MEMBERSHIP FEE - TOTAL \$10 MINIMUM) REQUIRED MEMBERSHIP SHARE.....\$

SHARE DRAFT (CHECKING) ACCOUNT (\$25 MINIMUM DEPOSIT) .....\$   
 (MUST COMPLETE SECTION 4 BELOW)  SECURE CHECKING  SIMPLI CHECKING

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

CHRISTMAS CLUB (NO MINIMUM DEPOSIT) .....\$

YOUTH SHARE ACCOUNT (\$5 MINIMUM DEPOSIT).....\$

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

## 4 OVERDRAFT OPTIONS FOR: SHARE DRAFT (CHECKING) ACCOUNT DEBIT CARD (MUST HAVE CHECKING ACCOUNT) ALL

Overdrafts can be covered in two different ways or combinations thereof. They are: 1) A transfer from my savings account, with not more than six 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. A separate loan application is required for the line of credit option. 3) I understand that I can opt out of this opportunity for overdraft protection in the future. (Check only one box).

SAVINGS ONLY  LINE OF CREDIT ONLY  NO OVERDRAFT

## 5 SOCIAL SECURITY NO / TAXPAYER ID

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 INTERFAITH 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

## Agreement

In this Membership Invitation “I”, “Me” and “My” mean each and every person who signs on the reverse. “You” and “Your” means Interfaith Federal Credit Union. If I am not currently a member, I hereby make application for membership in Interfaith Federal Credit Union. I understand by signing on the reverse, I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Truth-in-Savings Disclosure, 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 the reference). I understand and agree that this Membership Invitation shall govern the Regular Share, Share Draft Account, ATM Card, the MasterMoney Debit Card, and the Home Banking System and other accounts designated on the reverse. I authorize you to open other account(s) for me in person or per my telephone request.

I also 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 Invitation and any other information you may receive.

**Security Interest:** Each and every owner of the account(s) shall be jointly and severally liable for any and all losses and damages to the Credit Union occasioned by any owner. Further, each and every owner pledges as collateral for any loss or damage suffered by the Credit Union all funds on deposit (except funds held in IRAs) with the Credit Union along with any other collateral pledged either currently or in the future for any loan, and if the owners have or will have from the Credit Union. This pledge of collateral is meant to secure the payment of all debts and obligations each owner owes to the Credit Union either currently or in the future. However, this cross collateral provision does not apply to any loan secured by any owner’s principle residence or any other real property that an owner now owns or may hereafter acquire. In the event any owner does not repay his/her debt, obligation or loss, all owners authorize the Credit Union to apply, without notice, any and all such shares or deposits to the debt, obligation or loss and/or obtain possession of the collateral, sell same pursuant to applicable law and apply the proceeds to the debt, obligation or loss.

**General Pledge or Shares and Deposits:** I pledge all paid shares, deposits, and payments thereon, which I now have or hereafter may have with you to the extent of all unpaid balances due you. In case of default, I hereby authorize you to apply any and all such funds to the payment of the unpaid balances. However, I retain full access to any and all shares on deposit not specifically pledged as collateral. No lien or right to impress a lien on shares and deposits shall apply to any of my shares which may be held in an “Individual Retirement Account” (IRA).

**Customer Identification Program Notice:** Pursuant to federal law, the Credit Union is required to verify the identity of any person seeking to open or add a signer or joint owner to any account and must maintain records of information used to verify the person’s identity.

### SIGNATURE VERIFICATION

**DRIVER LICENSE OR GOVERNMENT ISSUED I.D. CARDS: IMPORTANT: FOR VERIFICATION OF SIGNATURES ONLY, ALL APPLICANTS (PRIMARY & JOINT) MUST ATTACH A PHOTOCOPY OF A CURRENT AND VALID DRIVER’S LICENSE, CALIFORNIA IDENTIFICATION CARD, OUT-OF-STATE DRIVER LICENSE, OUT-OF-STATE IDENTIFICATION CARD OR MILITARY IDENTIFICATION.**

**ALL I.D. CARDS MUST CONTAIN A PHOTOGRAPH.**

<b style="color: red;">FOR CREDIT UNION USE ONLY</b>	
Membership Eligibility Verified by _____	
Methods:	
<b>MEMBERSHIP QUALIFICATION:</b>	
<input type="checkbox"/> Clergy/Staff <input type="checkbox"/> Position/Organization	
<input type="checkbox"/> Faith Member Related To (Member’s Name) And Relationship	
_____ (PRINT NAME OF INTERFAITH FCU MEMBER)	_____ (RELATIONSHIP)
_____ APPROVED BY	_____ DATE
_____ OPENED/ORDERED BY	_____ DATE
<b style="color: red;">CHECK ALL COMPLETED TASKS AT TIME OF ACCOUNT OPENING</b>	

REGULAR SHARE		MONEY MARKET	
ONLINE BANKING		CHRISTMAS CLUB	
SHARE DRAFT (CHECKING)		YOUTH SHARE	
OFAC VERIFICATION		<input type="checkbox"/> ATM <input type="checkbox"/> DEBIT CARD	
CHEX SYSTEM		SECOND CARD	
INITIAL ORDER CHECKS		LOC \$	