New Account Application / Signature Card



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 who opens an account. What this means for you: When you open an account, we will ask your name, street address, date of birth, tax identification number, and other information that will identify you. We may ask to see your driver license and/or identifying documents.

MEMBERSHIP ELIGIBILITY				ECS Member #			
Employed By	Employed By Family Member of (name, relationship)						
SERVICES REQUESTED)						
Primary Share Savings	Regular Checking	e	Checking	Teen	Checking	Fresh Start Checking	
Overdraft Options:	s: Primary Share Savings Account Line of Credit Account No Overdraft					No Overdraft	
First from Savings, then from Line of Credit First from Line of Credit, then from Savings							
Account Ownership:	Individual Account	Joi	nt Account	VISA	A Debit Card:	Yes No	
PRIMARY MEMBER							
Last Name		Firs	st Name			Middle Initial	
Social Security #	Mother's Maiden Name						
Date of Birth	Driver's License #			DL State	Expi	ration Date	
Home Address (No P.O. Box)	·			City, Stat	e, Zip		
Mailing Address (if different)				City, Stat	City, State, Zip		
Cell Phone	I Phone Home Phone			Work Phone			
Email Address							
Employer	Occupation			Campus	if School District		
JOINT OWNER							
Last Name		Fir	st Name			Middle Initial	
Social Security #	Social Security # Mother			r's Maiden Name			
Date of Birth	Driver's License #			DL State	e Expi	ration Date	
Home Address (No P.O. Box)				City, State, Zip			
Mailing Address (if different)				City, State, Zip			
Cell Phone	Cell Phone Home Phone			Work Phone			
Email Address							
Employer	Occupation			Campus if School District			
PAY-ON-DEATH BENEFICIARIES							
In the event of death of all account owners, fund outstanding debts owed by any account owner a	ds (with the exception of IRA accounts and secondly in equal portions to thos						
living, this pay on death provision shall be null and void. Name (1)				Social Security #			
Home Address			City, State	City, State, Zip			
Relationship to Primary Owner Date of Birth			% Ownership Phone Number		Phone Number		
Name (2)			Social Sec	Social Security #			
Home Address			City, State	City, State, Zip			
Relationship to Primary Owner Date of Birth			% Owners	% Ownership Phone Number			
The Internal Devenue Service does not require your concent to any provision of this document other than the contifications required to avoid the backup withhelding							

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid the backup withholding. By signing below you agree that you have both read and verified the Certification of T.I.N. and agree to be bound by the Agreement section on the reverse.

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CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER (T.I.N.) / BACKUP WITHHOLDING

Important: Under penalty of perjury, I certify that

1) the number shown above is my correct taxpayer identification number (or I am waiting for a number to be issued to me),

2) I am a U.S. citizen or other U.S. person (including a U.S. resident alien). Check this box and complete a W-8 BEN if

you are not a U.S. person.

3) I am exempt from reporting under the Foreign Account Tax Compliance Act (FACTA), and

- 4) that (check appropriate box):
- 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.
- I am subject to backup withholding.

AGREEMENT

DEFINITIONS. "You," "your," and "account owner," refer to the Member, whether or not there are one or more Members named on the account, and the terms "we," "us," and "our" refer to the Credit Union, East County Schools Federal Credit Union.

ACKNOWLEDGMENT. By signing this document, you acknowledge that you have opened the type of account designated on the Signature Card / New Account Application. Your signature certifies that all information provided to the Credit Union is true and accurate. All signers authorize this Credit Union to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

Your signature acknowledges the receipt of the appropriate Account Agreement for the type of account designated on the Signature Card / New Account Application and that you agree to be bound by the Account Agreement. You acknowledge that you have received the following document(s):

- Truth-In-Savings Disclosure
- Funds Availability Policy Disclosure
- Electronic Fund Transfer Disclosure and Agreement
- Fee Schedule
- Privacy Policy Federal and California (if a copy was not previously provided to you)

FOR CREDIT UNION USE ONLY	Purpose of Card: New Member	Other
Membership Eligibility		Initials:
Documentary Method Used ID No.:	Expiration Date:	
Type of Document:	Initials:	
OFAC Primary Initials:	OFAC Joint	Initials:
OFAC Beneficiary 1: Initials:	OFAC Beneficiary 2:	Initials:
□ Chek Systems:		Initials:
Application Approved By (Print Name):		Title:
Signature:		Date:



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