

New Member #
Checklist

1. Fill out this application with blue or black ink.
2. Sign the application.
3. Enclose a \$5 check or money order made payable to yourself. (\$5 initial share deposit).
4. If you are eligible through your employer, enclose a copy of your most recent pay stub or work ID.
5. Enclose a legible copy of your valid driver license.
6. **Mail everything to : F&A FCU, PO BOX 30831, Los Angeles, CA 90030-0831**

SELECT THE PRODUCTS YOU WOULD LIKE TO ADD TO YOUR SAVINGS ACCOUNT MEMBERSHIP
Checking Account : (Please select one)

-
- Regular Checking or
-
- High Yield Checking*
-
- None
-
-
- First box of F&A FCU checks free
-
- Visa@ Debit Card

* High Yield checking requires eStatements. Please initial below acknowledging acceptance of the Electronic Statement disclosure.

PLEASE PRINT YOUR PERSONAL INFORMATION - ALL FIELDS ARE REQUIRED

Name (Last)	(First)	(Middle)	Date of Birth
Social Security #/Tax ID	Occupation	Employer	Gross Monthly Income
Home Address (Cannot be a PO Box)	Unit #	City	State ZIP
Mailing Address (If different)	Unit #	City	State ZIP
Driver's License #	State <input type="checkbox"/> CA <input type="checkbox"/> Other _____	Issue Date	Expiration Date
Mother's Maiden Name			
Home Phone	Work Phone	Cell Phone	By providing us with your cell phone number, you are giving us express consent to contact you at this number, including through the use of an automated dialer.
Email			
Please indicate employer, family member or affiliated association through which you are eligible. Please include a copy of your paystub or work ID.			

IF THIS IS A JOINT ACCOUNT, PLEASE COMPLETE ALL INFORMATION FOR THE JOINT ACCOUNT HOLDER(S)

Name (Last)	(First)	(Middle)	Date of Birth / /
Social Security #/Tax ID	Occupation	Employer	Gross Monthly Income
Home Address (Cannot be a PO Box)	Unit #	City	State ZIP
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I wish to include additional joint owners on my account.

 Initial here

(See page 3 for additional Account Holder Information)

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ACCOUNT BENEFICIARY DESIGNATION (optional)			
Beneficiary 1 : First Name / Last Name or Name of Trust	Social Security Number	Telephone Number	Relationship
Physical Street Address	City	State / Zip	Date of Birth
Beneficiary 2 : First Name / Last Name or Name of Trust	Social Security Number	Telephone Number	Relationship
Physical Street Address	City	State / Zip	Date of Birth
Beneficiary 3 : First Name / Last Name or Name of Trust	Social Security Number	Telephone Number	Relationship
Physical Street Address	City	State / Zip	Date of Birth

If more than one Beneficiary is named, all beneficiaries are deemed to have an equal interest in the share account(s).

PLEASE READ IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

You have received, read, understood and agree to all of the terms and conditions contained in the F&A's Federal Credit Union:
Membership Disclosure : I, the account holder, certify that I am eligible and hereby apply for Membership to F&A Federal Credit Union. The F&A FCU Deposit Account Agreement, and Truth in Savings Disclosure, Schedule of Fees and Charges, and Privacy Policy have been provided to me upon the opening of my account. I agree to be bound by its terms and by the credit union bylaws, or any amendments thereof. In addition to my signature below, my use of the account will confirm my agreement. I agree that all the information given to F&A FCU is true and correct. I authorize the Credit Union to obtain consumer reports in connection with this account and with any future credit opportunities.
Checking Account : Visa® Debit Card Authorization : I authorize the Credit Union to issue a F&A FCU Visa® Debit Card for this account. In addition to my signature below, my use of the card will confirm my agreement to be bound by the terms and conditions of the Electronic Services Agreement that have been provided to me.
Electronic Statements : Enrollment in a High Yield checking will opt me into eStatements. I authorize the Credit Union to enroll me in eStatements and my signature below confirms my agreement to be bound by the terms and conditions of the Electronic Statement Disclosure Agreement which have been provided to me.

PLEASE READ 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 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.

TAX CERTIFICATION

Certification: Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number, and 2. I am subject to backup withholding due to failure to report all interest and dividends, and 3. I am not a U.S. person and 4. I am exempt from FATCA reporting.
Instruction: Check item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to failure to report interest and dividend income. Check item 3 above and complete a W-8 BEN if you are not a U.S. person. Check item 4 above and complete a W-9 if you are subject to FATCA.
The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Member Signature _____ Date _____ Joint Owner Signature _____ Date _____

For Office Use Only

The application for membership is approved by the following F&A Federal Credit Union officer:

Signature

Date



Existing Member



Federally insured
by **NCUA**

New Member #

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Driver's License #	State <input type="checkbox"/> CA <input type="checkbox"/> Other _____	Issue Date	Expiration Date	Mother's Maiden Name
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Email	Signature _____			

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