

## **Member Application**

P.O. Box 5268 Compton, CA 90244-5268 • 325 S. Santa Fe Avenue, Compton, CA 90221 • 310.638.5147 FAX 310.638.8650 • info@midcitiescu.org • www.midcitiescu.org

Account No		Referred	Ву			
ELIGIBILITY						
Mid Cities Credit Union me Compton, Lynwood, Paramo					in the following cities:	
I'm eligible to join MID CITII $\square$ I live, work, or worship in						
☐ I am a relative of a Mid C Name of Relative				Phone#		
APPLICANT INFORMATION						
☐ Individual Account ☐	Joint Account					
Primary Owner Name				Phone		
Present Address						
Soc. Sec. No.						
Driver License						
Employer						
BENEFICIARY(IES) In the ever the owner(s) hereby designat	nt of my death, or if ther	e is more than o	ne owner of this acc	count, in the event of a	leath of all the owners,	
Name of Beneficiary				Date of Birth	າ	
Name of Beneficiary				Date of Birth	າ	
INDICATE SERVICE REQUEST	ED AND INITIAL DEPOS	IT				
Membership Fee (\$10 non-r	efundable fee):	5	<u> </u>			
Primary or Youth Shares (Sa						
Checking (\$25 initial deposit	_					
☐ ATM Card ☐ VISA Chec	•					
☐ 24-Hour Phone Teller Auc		9 5	<b>-</b> ,			
TOTAL INITIAL DEPOSIT EN	ICI OSED:	9	S			
JOINT MEMBER						
Joint Owner Name				Phone		
Present Address						
Soc. Sec. No.						
Driver License						
		Bus. Phone				
I /we, the undersigned, hereby and any amendments thereof, of Services, Truth-in-Savings, arour signature(s) below and us we hereby waive the provision to furnish my residence address employment information you of	y make application for not MID CITIES CREDIT UN not the Fee Schedule and se of the account will cons of California Vehicless to MID CITIES CRED	nembership in a NION. I/we ackn d by use of this confirm my/our a e Code section NIT UNION. I/we	nd agree to be boun owledge receipt of tl account I/we agree greement to be bou 1808.21 and authoriz	d by the bylaws, regul he Account Agreemen to be bound by their t nd and my/our accept ze the California Depa	lations, policies and rules t, Disclosure for Electroni terms and conditions. My ance of this Agreement. I artment of Motor Vehicle	
Member Signature:				Date		
Joint Member Signature:				Date		



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P.O. Box 5268 Compton, CA 90244-5268 • 325 S. Santa Fe Avenue, Compton, CA 90221 • 310.638.5147 FAX 310.638.8650 • info@midcitiescu.org • www.midcitiescu.org OVERDRAFT OPT-IN Overdraft will be the actual amount needed to pay your debit transaction. Put a number (1-2-3) for the order in which you want the overdraft to be covered (i.e., 3-1-2 Or 2-3-1 etc.) \_\_\_\_\_ Savings \_\_\_\_\_ Privilege Pay Loan \_\_\_\_\_ No Overdraft W-9 TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION Under penalties of perjury, I certify that: 1. The number shown on this form (my S.S.N./TIN) is my correct tax payer 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 Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest 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). Certification Instructions: I must cross out item 2 above if I have been notified by the IRS that I am currently subject to backup withholding because I have failed to report all interest and dividends on my tax return. 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 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. Note: The Internal Revenue Service does not require consent to any provision of this document other than the certifications required to avoid backup withholding. Member Signature: Date \_\_\_\_\_Date Joint Member Signature: VERIFICATION OF ID/RELATIONSHIP: FOR CREDIT UNION USE ONLY Family Relationship Verified By: \_\_\_\_\_\_\_Method: \_\_\_\_\_ Member present or Phone call to member Account No. of Present Member:\_\_\_\_\_ ☐ Documentary Method Used (Other than Driver's License)\* Type of Document: \_\_\_\_\_ID No.: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ Expir. Date: \_\_\_\_\_ Place of Issuance:\_\_\_\_\_ ☐ Non-Documentary Method Used: MSR Signature: Date: Approval Signature: FOR CREDIT UNION USE ONLY Opened By/ Closed By



**Primary Share Chex Systems** 

ATM Debit Card

