



CU Use Only
member name: _____ Account# _____

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 also may ask to see my driver's license or other identifying documents.

Membership Eligibility

Live in Burbank Work in Burbank Worship in Burbank Family/Employer/Association Other _____

Account Type

I wish to open the following: Savings Account Checking Account Money Market Account Certificate Account Special Savings Account
The account(s) shall be: Individual Joint With Pay-On-Death Provision
Overdraft Protection: Yes No
Overdraft from (if applicable) Savings Money Market Line of Credit Other _____
I wish to apply for the following service(s): Visa Debit Card Online Banking Bill Pay

How did you hear about MCCCU?

Family member Co-worker/ Friend MCCCU Referral Walked/Drove by School Ad Door Hanger/Mail
 Facebook Yelp Community Event Other: _____

PRIMARY MEMBER INFORMATION

Preferred Contact Method: Home Ph Work Ph Cell Ph Email

Primary Member Name _____ SSN/TIN _____ Date of Birth _____
Street Address _____ City _____ State _____ ZIP Code _____
Home Phone _____ Work Phone _____ Cell Phone _____
Driver's License _____ Mother's Maiden Name _____ Email Address _____
Employer _____ Occupation/Job Title _____ Annual Salary _____

JOINT OWNER (1) INFORMATION (if applicable)

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Joint Owner Name _____ SSN/TIN _____ Date of Birth _____
Street Address _____ City _____ State _____ ZIP Code _____
Home Phone _____ Work Phone _____ Cell Phone _____
Driver's License _____ Mother's Maiden Name _____ Email Address _____
Employer _____ Occupation/Job Title _____ Annual Salary _____

JOINT OWNER (2) INFORMATION (if applicable)

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Joint Owner Name _____ SSN/TIN _____ Date of Birth _____
Street Address _____ City _____ State _____ ZIP Code _____
Home Phone _____ Work Phone _____ Cell Phone _____
Driver's License _____ Mother's Maiden Name _____ Email Address _____
Employer _____ Occupation/Job Title _____ Annual Salary _____

JOINT OWNER (3) INFORMATION (if applicable)

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Joint Owner Name	SSN/TIN	Date of Birth
Street Address	City	State ZIP Code
Home Phone	Work Phone	Cell Phone
Driver's License	Mother's Maiden Name	Email Address
Employer	Occupation/Job Title	Annual Salary

PAYABLE-ON-DEATH (POD) PROVISION AUTHORIZATION – Upon death, Media City Community Credit Union (MCCCU) is instructed to pay the remaining account funds, if any, in the following manner: First, to MCCCU to the extent of any outstanding obligation that is in default and owed to MCCCU. Second, in equal portions to the following individuals.

POD Name:		POD Name:	
SSN:	Date of Birth:	SSN:	Date of Birth:
Street Address:		Street Address:	
City / State / Zip:		City / State / Zip:	
Phone Number(s):		Phone Number(s):	
Relationship:		Relationship:	
<input type="checkbox"/> OFAC – For CU Use Only		<input type="checkbox"/> OFAC – For CU Use Only	

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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 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, and (3) I am a U.S. person (including a U.S. resident alien). Instructions: 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 above and complete a W-8 BEN if you are not a U.S. person.

I/WE HEREBY MAKE APPLICATION FOR MEMBERSHIP IN AND AGREE TO CONFORM TO THE BY-LAWS (AS AMENDED) OF THE MEDIA CITY COMMUNITY CREDIT UNION.

ACKNOWLEDGEMENT OF RECEIPT AND ACCEPTANCE OF TRUTH-IN-SAVINGS DISCLOSURE

I hereby apply for membership in MCCCU with this application and agree to conform to the By-Laws or any amendments thereof in the MCCCU. I certify that I qualify for membership based on the eligibility stated on above. By signing below, I/we acknowledge that the account(s) are owned jointly and severally regardless of net contributions, I/we have received a copy of the Credit Union's Truth-in-Savings Disclosure ("Disclosure") and that I/we have received a copy of the current Rate and Fee Schedule. All the terms, conditions and information contained in the disclosure and any amendments thereto ("Application") are by this reference incorporated in their entirety into this membership application and account agreement ("Application"). I/we authorize the Credit Union to obtain credit reports in connection with this account and any future services provided by the Credit Union as permitted by law. I understand that this will assist you, for example, in determining my initial and ongoing eligibility for my Accounts and/or in correction with making present and future credit opportunities available to me/us. I/we agree to be bound by the terms and conditions of the Disclosure and Application. I/we understand that the Credit Union may verify all information I/we have given on the Application.

Primary Member Signature X	Printed Name	Date (MM/DD/YY)
Joint Owner Signature X	Printed Name	Date (MM/DD/YY)
Joint Owner Signature X	Printed Name	Date (MM/DD/YY)
Joint Owner Signature X	Printed Name	Date (MM/DD/YY)

- FOR CREDIT UNION USE ONLY -

scan id(s)
 overdraft
 yes
 no
 TIS, SF & PN
 debit card(s)
 MSR: _____

This application for membership is approved by: _____ Date: _____