

1020 W. Olive Avenue • Burbank, CA 91506  
 T: 818.238.2950 • F: 818.238.2979  
 mediacitycu.org

FOR CREDIT UNION 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 \_\_\_\_\_

**How did you hear about Media City Credit Union?**

Family member   
  Co-worker/ Friend   
  Media City CU Referral   
  Walked/Drove by   
  School Ad   
  Door Hanger/Mail  
 Facebook   
 Yelp   
 Community Event   
 Other: \_\_\_\_\_

**Account Type**

I wish to open a:  Savings   
  Checking   
  Money Market   
  Certificate   
  IRA   
  Secondary Savings or Holiday  
 The account(s) shall be:  Individual   
  Joint   
  With Pay-On-Death Provision  
 Overdraft Protection from:  Savings   
  Money Market   
  Line of Credit   
  Other \_\_\_\_\_   
 Decline Overdraft  
 I wish to apply for the following service(s):  Visa Debit Card   
 Online Banking   
 Bill Pay

**PRIMARY MEMBER INFORMATION**

**Preferred Contact Method:**  Home Ph  Work Ph  Cell Ph  Email

Last Name	First Name	MI	SSN/TIN	Date of Birth
Street Address (No PO Boxes)		City	State	ZIP
Mailing Address (if different)		City	State	ZIP
Home Phone	Work Phone	Cell Phone		
ID NO. (State ID, State DL, Military ID, Passport)	Mother's Maiden Name	Email Address		
Employer	Occupation/Job Title	Annual Salary		
If Self Employed Provide Type of Business		If Retired Provide Former Profession		

**JOINT OWNER (1) INFORMATION (if applicable)**

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Last Name	First Name	MI	SSN/TIN	Date of Birth
Street Address		City	State	ZIP
Mailing Address (if different)		City	State	ZIP
Home Phone	Work Phone	Cell Phone		
ID NO. (State ID, State DL, Military ID, Passport)	Mother's Maiden Name	Email Address		
Employer	Occupation/Job Title	Annual Salary		
If Self Employed Provide Type of Business		If Retired Provide Former Profession		

**JOINT OWNER (2) INFORMATION (if applicable)**

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Last Name		First Name		MI	SSN/TIN	Date of Birth	
Street Address				City		State	ZIP
Mailing Address (if different)				City		State	ZIP
Home Phone		Work Phone		Cell Phone			
ID NO. (State ID, State DL, Military ID, Passport)		Mother's Maiden Name		Email Address			
Employer		Occupation/Job Title		Annual Salary			
If Self Employed Provide Type of Business				If Retired Provide Former Profession			

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

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**ANTICIPATED MONTHLY TRANSACTION ACTIVITY & AMOUNT** (We may require explanations and/or documentation for changes in account activity)

Source of funds (SSA, payroll, etc.):

<input type="checkbox"/> Cash \$	<input type="checkbox"/> Checks \$	<input type="checkbox"/> ACH Domestic \$	<input type="checkbox"/> ACH Foreign \$
<input type="checkbox"/> Wire Domestic # AND \$	<input type="checkbox"/> Wire Foreign # AND \$	Wire PIN/Password	
Expected Average Monthly Balance \$		Debit Card \$	

**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 CREDIT UNION.**

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

I hereby apply for membership in Media City Credit Union with this application and agree to conform to the Bylaws or any amendments thereof in the Media City Credit Union. 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 connection 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. If I/we qualify, and establish membership with Media City Credit Union through becoming a member of The ChangeWorks! Foundation, I/we authorize Media City Credit Union to share my/our information required by the membership guidelines set by the entity.

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

**FOR CREDIT UNION USE ONLY**

ChexSystems     credit report     scan ID(s)     debit card(s)     address verification

- Truth-In-Savings Agreement
- Schedule of Fees
- Privacy Notice
- Rate Sheet

Opened by: \_\_\_\_\_ Date: \_\_\_\_\_

This application for membership is approved by: \_\_\_\_\_ Date: \_\_\_\_\_