

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 product(s)/service(s):     Visa Debit Card     Online Banking

**PRIMARY MEMBER INFORMATION**

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

Last Name	First Name	MI	US Citizen	SSN/TIN	Gender	Date of Birth
Street Address (No PO Boxes)			City		State	ZIP
Mailing Address (if different)			City		State	ZIP
Cell Phone	Work Phone		Work Ext.	Home Phone		
ID NO. (State ID, State DL, Military ID, Passport)	Mother's Maiden Name		Marital Status		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	US Citizen	SSN/ITIN	Gender	Date of Birth
Street Address (No PO Boxes)			City		State	ZIP
Mailing Address (if different)			City		State	ZIP
Cell Phone	Work Phone		Work Ext.	Home Phone		
ID NO. (State ID, State DL, Military ID, Passport)	Mother's Maiden Name		Marital Status		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	US Citizen	SSN/ITIN	Gender	Date of Birth
Street Address (No PO Boxes)			City	State	ZIP	
Mailing Address (if different)			City	State	ZIP	
Cell Phone	Work Phone	Work Ext.	Home Phone			
ID NO. (State ID, State DL, Military ID, Passport)	Mother's Maiden Name	Marital Status	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). I agree to cross out item 2 above if I have been notified by the IRS that I, currently, am subject to backup withholding because of underreporting of interest and/or dividends on my tax return.

**AUTHORIZATION**

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 and agree to conform to the Credit Union's Truth-in-Savings Disclosure ("Disclosure") which includes the Electronic Funds Transfer Disclosure & Agreement 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, checking and employment information 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 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. The Credit Union does not permit Money Service Business (MSB) accounts and Marijuana Related Business (MRB) accounts, and I/we attest that my/our account will not be used in that manner.

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)

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

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

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

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