



ACCOUNT APPLICATION

USE BLACK INK ONLY

Member Number

- NEW
 UPDATE

E-STATEMENTS

Full Name (First Name, Middle, Last)

Member E-mail Address

If I am not currently a member, I hereby make application for membership in Orange County's Credit Union and agree to conform to its bylaws the terms and conditions of the Account Agreement and Truth in Savings Disclosures (which are herein incorporated by this reference as if set forth in full) and authorize the Credit Union to gather on a periodic basis whatever checking account, credit and employment information the Credit Union deems appropriate. This application supersedes all prior applications for this account.

ACCOUNT TYPE

- Regular Savings Better Than Free Checking
 Money Market Savings Interest Checking
 High Rate Checking Basic Checking
 Special Savings Other

ATM CARD/ ACTION LINE/ DEBIT CARD/ HOMEBANKING

I/ We hereby apply for ATM Action Line Telephone Services Master Money CU Online
and agree to the terms Electronic Services Disclosure and Agreement. Check Card Homebanking

Street Address City State Zip

Mailing Address (If Different from Above) City State Zip

Home Phone Cell Phone Birthdate

Employed By Occupation

Employer Address City State Zip

Business Phone ID or Drivers License No./ State/ Date Issued Password

HOW ELIGIBLE FOR MEMBERSHIP: Live/ Work/ Worship (Place of Worship _____) in Orange County/ Riverside

Family Member: Member's Name (First and Last) Member's Acct.# or Phone#

Owner's Account(s), shall be: Individual Legal With Pay-On Death Provision/ Beneficiary
Legal owner(s), if any, must sign below and complete the appropriate information.

REQUEST FOR SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER

PART I. Social Security Number (Taxpayer Identification Number)
Enter your Taxpayer Identification number. For most individual taxpayers this is your Social Security Number.

Social Security Number

PART II. Backup Withholding on Accounts Opened After 12/31/83
Check the box if you are NOT subject to backup withholding under the provisions of Section 3406 (a) (1) (c) of the Internal Revenue Code. . .

PART III. You are a U.S. person (including a U.S. resident alien).

I certify under penalty of perjury that the number shown above is my correct Taxpayer Identification Number. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signatures: _____ Date: _____

Primary Applicant (1)

_____ Date: _____

Legal Applicant (2)

_____ Date: _____

Legal Applicant (3)

LEGAL OWNER(S) INFORMATION Print Name (2)

Last Name First Name Middle Initial
 Street Address City State Zip
 Date of Birth Home Phone # Business Phone # Occupation
 Driver's License Number / State / Date Issued Social Security No. Password

Print Name (3)

Last Name First Name Middle Initial
 Street Address City State Zip
 Date of Birth Home Phone # Business Phone # Occupation
 Driver's License Number / State / Date Issued Social Security No. Password

Pay-On Death Provision/ Beneficiary

Name of Payee/ Beneficiary Social Security No. (Optional)
 Address of Payee/ Beneficiary Date of Birth (Optional)

CHECKING ACCOUNT OVERDRAFT PROTECTION

Please cover any overdrafts on my Checking Account by transferring funds from my PAL Line of Credit** and/or my Savings Account in the order indicated below.

OPTION 1 _____ OPTION 2 _____

** Separate Application Required

**** 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.

OFFICE USE ONLY

The application for membership is approved by the following ORANGE COUNTY'S CREDIT UNION office.

Branch Number: _____ IDV: Pass Override Qualifile Score: _____
 IDV: Pass Override Qualifile Score: _____

TISA Disclosed Opened By: _____ Date: _____

Membership Officer Date Audited By Date

PLEASE ATTACH A COPY OF DRIVER LICENSE OR ID