

(888) 354-6228 www.orangecountyscu.org

Account Application

If I am not currently a Member, I hereby m of the Account Agreement and Truth in Sa gather on a periodic basis whatever check applications for this account.	iving Disclosures (which are herei	in incorpora	ated by this reference as if se	et forth in ful	I) and authorize the Credit Union to	
Name (Primary)		Acc	count Number		Identification	
Address(Physical)		1		L_		
Mailing Address (If the same as above, leave blank)						
Home Telephone Number C	Cell Phone Number	e-Mail Address				
Employer Name		C	Occupation		Work Telephone Number	
Membership Eligibility		,			Birth Date	
Joint Owner(s) Information						
Name (Joint)		Social Secu	Social Security		Birth Date	
Address(Physical)						
Mailing Address (If the same as above, leave blank)						
Home Telephone Number	Cell Phone Number	ell Phone Number e-Mail Address				
Employer Name		Occupation			Work Telephone Number	
Joint on Share Number(s)				Identification		
Name (Joint)		Social Security		Birth D	Birth Date	
Address(Physical)				<u>'</u>		
Mailing Address (If the same as above, leave blank)						
Home Telephone Number	Cell Phone Number		e-Mail Address			
Employer Name		Occupation			Work Telephone Number	
Joint on Share Number(s)				Identification		

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Beneficiary	Information		
Beneficiary Name		Social Security	Birth Date
Address(Physical)			
Beneficiary on Sha	are Number(s)		
Beneficiary Name		Social Security	Birth Date
Address(Physical)			
Beneficiary on Sha	are Number(s)		
Product Ty	pe		
,			
To help the gove information that	T INFORMATION ABOUT PROCEDURES FOR ernment fight the funding of terrorism and money laundering activitidentifies each person who opens an account. What this means for allow us to identify you. We may also ask to see you	ies, Federal law requires all financial instii r you: When you open an account, we will	ask for your name, address, date of birth,
1. Under penaltie 2. Check the box I am not subje I am not subje withholding, a 3. I am a U.S. pe The Internal R	FOR SOCIAL SECURITY NUMBER OR TAXPANES of perjury, I certify that the taxpayer identification number below a if you are NOT subject to backup withholding cert to backup withholding because: (a) I am exempt from backup with to backup withholding as a result of a failure to report all interest and exercise (including a resident alien). Sevenue Service does not require your consent to any provisions or the provisions of the service does not require your consent to any provisions or the service does not require your consent to any p	is correct, and ithholding, or (b) I have not been notified t or dividends, or (c) The IRS has notified	by the Internal Revenue Service (IRS) that me that I am no longer subject to backup
Enter your	Social Security Number		
	Signature	Date	
	Signature	Date	
	Signature	Date	

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Orange County's Credit Union Overdraft Protection Plans through Linked Accounts and/or Line of Credit

ember Name: Membership Number:		Checking Account Suffix/Share ID:		

OVERDRAFT PROTECTION PLANS THROUGH LINKED ACCOUNTS AND/OR LINE OF CREDIT^{1,2} (Not Available on Access Checking Account)

We offer optional overdraft protection plans that you may apply for to have funds from your linked Credit Union account(s) or personal line of credit used for overdraft protection on your checking account. If you apply and qualify for these optional services, we will look first to these services for overdraft protection before applying our Courtesy Pay Program when your checking account is overdrawn. This may save you money on the total fees you pay us for overdraft protection. Under a linked account, your checking account is connected to another account, such as a savings account, so as to automatically transfer available funds from the other account to the checking account as needed to cover overdrafts. Under a linked line of credit, you automatically borrow available funds on your personal line of credit, up to your credit limit, and have them transferred to your checking account as needed to cover overdrafts. Additional transfer limits and other requirements and restrictions may apply.

OVERDRAFT PROTECTION PLANS THROUGH LINKED ACCOUNTS AND/OR LINE OF CREDIT <u>AUTHORIZATION FORM</u>

(Not Available on Access Checking Account)

By completing and signing the section below: (a) You authorize the Credit Union to link your account(s) and/or approved and active personal line of credit set forth below (Account(s) and Line of Credit) to your checking account designated above (Checking Account) and to cover overdrafts on your checking account by transferring available funds from your linked Account(s) and/or Line of Credit in the order indicated below; and (b) You agree to the applicable terms and conditions set forth in the Overdraft Protection Plans through Linked Accounts and/or Line of Credit section of this document.

The Credit Union is authorized to transfer funds from the following Account(s) or Line of Credit in the following order:				
Order	Number:	Account Number:		Suffix/Share ID:
	1			
	2			
	3			
	4			
	Signature		D	ate

¹ Access Checking Accounts are not eligible for Overdraft Protection Plans through linked account(s) and/or line of credit.

² Additional terms and conditions apply and can be found in the Account Agreement, Truth-In-Savings, and Electronic Funds Transfer Disclosure Agreement, Line of Credit Agreement and Disclosures, and Schedule of Fees and Charges. Terms and conditions subject to change with reasonable notice as required by law.