

Master Membership and Account Application

New membership Updating:

Existing account #



MEMBER

Last name	
First name	Middle name
Street address	
City, state, zip	
Social Security number or tax ID #	Date of birth
Mother's maiden name	Driver license # and issuing state
Primary phone	Work phone
Email address	
Employer	Occupation

JOINT OWNER (if applicable)

Last name	
First name	Middle name
Street address	
City, state, zip	
Social Security number or tax ID #	Date of birth
Mother's maiden name	Driver license # and issuing state
Primary phone	Work phone
Email address	
Employer	Occupation

MEMBERSHIP ELIGIBILITY (CHECK ONE): The primary member declares that s/he is eligible to join because s/he:

Lives in Marin County Works, worships or attends school in Marin County Is an immediate family member of

Name of member relative

EACH PERSON SIGNING THIS APPLICATION AGREES:

- MCFCU is authorized to review my credit and account history whenever I apply for new services and at other times consistent with applicable law. MCFCU may obtain information from others about me and may give credit information about me to others.
- If I establish a share draft account, I authorize MCFCU to establish overdraft protection from any of my share or open-end loan accounts upon my oral or written request.
- I give MCFCU a continuing authorization to open any other sub-accounts for me upon my oral or written request and deposit of funds.
- This application revokes all prior account authorization and ownership designations regarding my accounts other than IRAs. If any information that appeared on an earlier authorization (such as beneficiary) is omitted, the Credit Union will assume the omission to be intentional. The application can be altered only by completing a new Master Membership and Account Application.
- If I default on payment of any obligation to the Credit Union, the Credit Union has my permission to take any Credit Union shares in which I have an interest, unless prohibited by law or the share agreement, to recover all or part of what I owe without notice to me and without waiving other collection rights.
- I agree to the terms and conditions of the Account Agreement, Truth-in-Savings Disclosure, Fund Availability Policy, Privacy Disclosure, and Electronic Funds Transfer Agreement if applicable and to any amendments MCFCU may make from time to time. I acknowledge receipt of copies of these Agreements and Disclosures.

DESIGNATION OF BENEFICIARY: The following beneficiary(ies) is(are) to receive the proceeds of this account upon the death of all account owners. Multiple beneficiaries will receive account proceeds in equal shares unless other percentages are indicated here.

Name	Relationship	Date of birth	%

Name	Relationship	Date of birth	%

NOTICE REQUIRED BY USA PATRIOT ACT: You must provide your name, address, date of birth and other information that will identify each person who signs this application. MCFCU can ask to see your identifying documents. We may retain copies of your identifying documents. We may also use outside sources such as consumer reporting agencies to confirm the information you provide to us.

TAXPAYER IDENTIFICATION CERTIFICATION (CHECK ONE): I certify under penalty of perjury that **(a)** the Social Security number or Employer ID number shown on this application is my correct Taxpayer Identification Number **(b)** I am a US person (including a U.S. resident alien) and **(c)**:

I am not subject to backup withholding because **(1)** I am exempt from withholding or **(2)** I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(3)** the IRS has notified me that I am no longer subject to backup withholding.

OR I have been notified by the IRS that I am currently subject to backup withholding because I have failed to report all interest and dividends on my tax return.

I understand that the IRS does not require my consent to any term of any agreement with MCFCU other than the certification required to avoid backup withholding.

I hereby apply for membership in Marin County Federal Credit Union. By signing this Application I agree to comply with laws and regulations governing Credit Union accounts and other services I establish and the Credit Union bylaws as amended from time to time.

Member signature	Date
X	

Joint owner signature	Date
X	

FOR CREDIT UNION USE

C/S NR R Initials _____ Date _____

OFAC NR R

Approved by _____ Date _____

Referred by _____