

Rancho Federal

CREDIT UNION

P.O. Box 2728
Downey, CA 90242-0728

www.ranchofcu.org
866-855-9050

MEMBERSHIP

INVITATION



Savings

Checking



Loans

TO JOIN THE CREDIT UNION YOU WILL NEED:

- A complete and signed Membership Invitation Form. (Fill in this form online and then print it and sign it.)
- \$25 minimum opening deposit for a Savings Account or \$50 for both a Savings and Checking Account
- Valid California Identification or Driver's License

Then visit any branch convenient to you to open your account...

Downey

Montebello

Buena Park

Los Angeles

Claremont

TIN Certification and Backup Withholding Information

My Taxpayer Identification Number is (Social Security Number) - -

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 and complete a W-8 BEN if you are not a U.S. person.

Agreement

I/we apply to RANCHO FEDERAL CREDIT UNION for the account(s) indicated on sheet 2. By signing on sheet 2 I/we are acknowledging and agree to the following:

If I am not currently a member, I hereby make application for membership in Rancho Federal Credit Union. I understand I will be given access to the QuickTel Audio Response System and @HomeBanking. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Truth in Savings Disclosure, and Electronic Service Disclosure and Agreement (receipt of all of which is hereby acknowledged and which is incorporated by this reference).

I authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others. If I am in default on a financial obligation to you, federal law gives you the right to apply the balance of shares and dividends in my account(s) (except IRAs) at the time of default to satisfy that obligation. Once I am in default, you may exercise this right without further notice to me. I understand and agree that you may retain this Membership Invitation and any other information you may receive.

FOR CREDIT UNION USE ONLY

- OFAC
- New Acct. Warning
- Valid ID/Occupation
- E-Mail Address
- ID Card Issued
- OD Transfer
- Check Order/Temp. Cks.
- TIS/Rate Sheet
- Debit Card/Verify Date
- Credit Report

E-FUNDS & OFAC

CU Representative: _____ Date: _____

Application Approved by: _____ Date: _____

Name	Account Number
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RANCHO FEDERAL CREDIT UNION

Branch that you will use most often: <input type="checkbox"/> 01 Downey <input type="checkbox"/> 04 Claremont <input type="checkbox"/> 02 Montebello <input type="checkbox"/> 05 Los Angeles <input type="checkbox"/> 03 Buena Park	Account Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Joint	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 may also ask to see my driver's license or other identifying documents.
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My signature below and use of the account will confirm my agreement to be bound by and my acceptance of the Agreement on sheet 1.

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X	Primary Member Signature	Date	X	Joint Owner Signature	Date
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Member Information

Joint Owner Information

Primary Member Name	Cell Phone	Joint Owner Name	Relationship to Primary Owner
Mailing Address	Apt No. Years	Mailing Address	Apt No. Years
City	State Zip Email	City	State Zip Email
Date of Birth	Social Security No. CA ID #/DL #	Date of Birth	Social Security No. CA ID #/DL #
Home Phone	Work Phone Mother's Maiden Name	Home Phone	Work Phone Mother's Maiden Name
Employer Name	Years Occupation	Employer Name	Years Occupation
Employer Address	City Zip	Employer Address	City Zip
Home Address (if different than mailing address) DO NOT use work address or PO BOX		Home Address (if different than mailing address) DO NOT use work address or PO BOX	

Eligibility

Provide Valid Calif ID, Employer Paystub or Relative Referral

I'm eligible to join RANCHO FCU because I'm...

An employee of _____

A relative of a member of Rancho Federal Credit Union

Relationship _____

Name of Relative _____

Signature of Relative _____

Relative Acct. No.: _____

Choose Service

Deposit To Regular Savings Account (\$25 minimum deposit)

Share Draft (checking) Account (\$25 minimum deposit)

I want Rancho to authorize and pay overdrafts on my ATM and everyday debit card transactions _____ (Int)

Christmas Club (no minimum deposit) Restrictive (No withdrawals) Non-restrictive

Money Market Account (\$2,500 minimum deposit)

Certificate (\$1,000 minimum deposit) 3 mo. 6 mo. 12 mo. 24 mo. 36 mo.

Direct Deposit

Payroll Deduction

ACH Credit Union Routing No. 322275144

BENEFICIARY(IES) in the event of my death, or if there is more than one owner of this account, in the event of death of all the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account established on this form:

Name of Primary Beneficiary	Phone No.	Name of Contingent Beneficiary	Phone No.
Address of Primary Beneficiary	Relationship	Address of Contingent Beneficiary	Relationship