

Products and Services Application



NOTE: In accordance with Section 326 of the USA Patriot Act, applicants are required to provide current picture identification that verifies identity including name, address and other identifying information. We proudly support all efforts to protect and maintain the security of our members and our country.

OFFICIAL USE ONLY
Member Name _____
Account Number _____

I am currently a member.

Please sign me up for the following additional products and services:

- Convenience Package** (Checking Account, Debit MasterCard™, and Direct Deposit, \$35 initial deposit required)
 - Super Convenience Package** (Checking Account, Debit MasterCard™, Direct Deposit, and 1st Line Overdraft Protection, \$35 initial deposit required)
 - Checking Account Only** (no package, \$35 initial deposit required) Choose One: Debit MasterCard™ ATM Card (PIN transactions only)
- Overdraft Protection: Yes No Pull From: Share Savings 1st Line of Credit
- Additional Share Accounts:** Share Savings Money Market Holiday Holdings
- Convenient Services:** Online Banking with BillPay Mobile Banking Telephone Banking

OFFICIAL USE ONLY - OVERDRAFT PROTECTION
Member Account # _____
Share ID # _____ 1 st Line ID # _____

Member Information

Member Number _____ Social Security # _____

First Name _____ M.I. _____ Last Name _____

Driver's License # _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Occupation _____

Email Address _____ Mother's Maiden Name _____

Joint-Owner Information

First Name _____ M.I. _____ Last Name _____

Social Security # _____ Driver's License # _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Occupation _____

Email Address _____ Mother's Maiden Name _____

Designation of Beneficiary (Pay-On-Death Payee)

In the event of my death and all other joint-owners predecease me, I hereby designate by signing this application the person whose name(s) appears below as my beneficiary to receive any and all amounts in this account.

Name _____ Address _____ City _____ State _____ Zip _____

Name _____ Address _____ City _____ State _____ Zip _____

Name _____ Address _____ City _____ State _____ Zip _____

Signatures

ACKNOWLEDGEMENT OF RECEIPT OF "ABOUT YOUR CREDIT UNION ACCOUNTS" ACCOUNT AGREEMENT. By signing below, I acknowledge that I received a copy of the "About Your Credit Union Accounts" Truth-in-Savings (TIS) Disclosure and the current rate sheet and fee schedule when I established my membership. A copy of the "About Your Credit Union Accounts" TIS Disclosure may be obtained online at www.1stnocalcu.org/disclosures or by contacting the Credit Union. I agree to be bound by the terms and conditions of the Credit Union's Account Agreement(s) and any amendments thereto. I authorize the Credit Union to obtain credit reports in connection with this application. I certify that I meet all eligibility requirements for 1st Northern California Credit Union membership.

Member Signature _____ Date _____

Joint-Owner Signature _____ Date _____

1st Northern California Credit Union | PO Box 509, Martinez, CA 94553 | (888) 387-8632 | www.1stnocalcu.org

OFFICIAL USE ONLY	Credit Verified: <input type="radio"/> Yes <input type="radio"/> No	ChexSystems Verified: <input type="radio"/> Yes <input type="radio"/> No
OFAC #: _____	Member _____	Joint-Owner _____
Signature of Approving Official _____	Beneficiary _____	Date _____