

# 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 1<sup>st</sup> 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  1<sup>st</sup> 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 <sup>st</sup> 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.1stnorcalcu.org/disclosures](http://www.1stnorcalcu.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 1<sup>st</sup> Northern California Credit Union membership.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint-Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

1<sup>st</sup> Northern California Credit Union | PO Box 509, Martinez, CA 94553 | (888) 387-8632 | [www.1stnorcalcu.org](http://www.1stnorcalcu.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 _____