

New Account Application / Signature Card



Important information about 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 you: When you open an account, we will ask your name, street address, date of birth, tax identification number, and other information that will identify you. We may ask to see your driver license and/or identifying documents.

MEMBERSHIP ELIGIBILITY

ECS Member #

<input type="checkbox"/> Employed By	<input type="checkbox"/> Family Member of (name, relationship)
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SERVICES REQUESTED

Primary Share Savings
 Regular Checking
 eChecking
 Teen Checking
 Fresh Start Checking

Overdraft Options:
 Primary Share Savings Account
 Line of Credit Account
 No Overdraft
 First from Savings, then from Line of Credit
 First from Line of Credit, then from Savings

Account Ownership:
 Individual Account
 Joint Account
 VISA Debit Card:
 Yes
 No

PRIMARY MEMBER

Last Name		First Name		Middle Initial
Social Security #		Mother's Maiden Name		
Date of Birth	Driver's License #		DL State	Expiration Date
Home Address (No P.O. Box)			City, State, Zip	
Mailing Address (if different)			City, State, Zip	
Cell Phone		Home Phone		Work Phone
Email Address				
Employer		Occupation		Campus if School District

JOINT OWNER #1

Last Name		First Name		Middle Initial
Social Security #		Mother's Maiden Name		
Date of Birth	Driver's License #		DL State	Expiration Date
Home Address (No P.O. Box)			City, State, Zip	
Mailing Address (if different)			City, State, Zip	
Cell Phone		Home Phone		Work Phone
Email Address				
Employer		Occupation		Campus if School District

JOINT OWNER #2

Last Name		First Name		Middle Initial
Social Security #		Mother's Maiden Name		
Date of Birth	Driver's License #		DL State	Expiration Date
Home Address (No P.O. Box)			City, State, Zip	
Mailing Address (if different)			City, State, Zip	
Cell Phone		Home Phone		Work Phone
Email Address				
Employer		Occupation		Campus if School District

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

By signing below you agree that you have both read and verified the Certification of T.I.N. and agree to be bound by the Agreement section on the reverse.

X _____ Date X _____ Date X _____ Date
 Primary Member Signature Joint #1 Owner Signature Joint #2 Owner Signature

PAY-ON-DEATH BENEFICIARIES

In the event of death of all account owners, funds (with the exception of IRA accounts, which have a separate designation of beneficiaries) will be paid: First to the Credit Union to the extent of any outstanding debts owed by any account owner and secondly in equal portions to those individuals named below who remain alive at the time that last joint owner dies. If none of these individuals is living, this pay on death provision shall be null and void.

Name (1)		Social Security #	
Home Address		City, State, Zip	
Relationship to Primary Owner	Date of Birth	% Ownership	Phone Number
Name (2)		Social Security #	
Home Address		City, State, Zip	
Relationship to Primary Owner	Date of Birth	% Ownership	Phone Number

CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER (T.I.N.) / BACKUP WITHHOLDING

Important: Under penalty of perjury, I certify that

- 1) the number shown above is my correct taxpayer identification number (or I am waiting for a number to be issued to me),
- 2) I am a U.S. citizen or other U.S. person (including a U.S. resident alien). **Check this box and complete a W-8 BEN if you are not a U.S. person.**
- 3) I am exempt from reporting under the Foreign Account Tax Compliance Act (FACTA), and
- 4) that (**check appropriate box**):

- 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.
- I am subject to backup withholding.

AGREEMENT

DEFINITIONS. "You," "your," and "account owner," refer to the Member, whether or not there are one or more Members named on the account, and the terms "we," "us," and "our" refer to the Credit Union, East County Schools Federal Credit Union.

ACKNOWLEDGMENT. By signing this document, you acknowledge that you have opened the type of account designated on the Signature Card / New Account Application. Your signature certifies that all information provided to the Credit Union is true and accurate. All signers authorize this Credit Union to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

Your signature acknowledges the receipt of the appropriate Account Agreement for the type of account designated on the Signature Card / New Account Application and that you agree to be bound by the Account Agreement. You acknowledge that you have received the following document(s):

- Truth-In-Savings Disclosure
- Terms and Conditions
- Funds Availability Policy Disclosure
- Privacy Policy - Federal and California (if a copy was not previously provided to you)
- Electronic Fund Transfer Disclosure & Agreement
- Substitute Checks
- Arbitration Agreement
- Schedule of Fees and Charges

FOR CREDIT UNION USE ONLY	Purpose of Card: <input type="checkbox"/> New Member <input type="checkbox"/> Other _____
Membership Eligibility _____	Initials: _____
<input type="checkbox"/> Documentary Method Used ID No.: _____ Expiration Date: _____	
Type of Document: _____	Initials: _____
<input type="checkbox"/> OFAC Primary _____ Initials: _____ <input type="checkbox"/> OFAC Joint _____ Initials: _____	
<input type="checkbox"/> OFAC Beneficiary 1: _____ Initials: _____ <input type="checkbox"/> OFAC Beneficiary 2: _____ Initials: _____	
<input type="checkbox"/> Chek Systems: _____	Initials: _____
Application Approved By (Print Name): _____	Title: _____
Signature: _____	Date: _____



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