



**Membership Application
&
ACCOUNT AGREEMENT**
500 E. Wilson Ave., Glendale, CA 91206
Phone: (818) 548-3976 • Fax: (818) 545-7826
• info@glendalefcu.org

FOR CREDIT UNION USE ONLY

ACCT. NO.	MEMBER NAME	DATE	
NEW MEMBER	INDIVIDUAL ACCOUNT	JOINT ACCOUNT	ACCOUNT UPDATE

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 you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I AM APPLYING FOR

Membership⁽¹⁾

⁽¹⁾ \$5 to join, 62 and older \$1, and Children 18 and younger Free.
Minimum opening deposit of \$25 to open a savings account.

Checking:

Holiday Club Account

Money Market Account (Min. \$2,500)

Advantage Savings

Share Certificate (Certificates of Deposit)

IRA Accounts

Additional Services:

ATM Card

Debit Master Card

Home Banking/Bill Pay

eStatements (requires Online Banking)

Mobile Banking

Courtesy Pay

Overdraft Protection Yes No

Share Draft Account overdrafts will be covered by a transfer from:

Share Account #

Loan Account #

MEMBER INFORMATION

LAST NAME		FIRST NAME		M.I.		SOCIAL SEC. NO.		
PHYSICAL ADDRESS				CITY		STATE		ZIP
MAILING ADDRESS (If different)				CITY		STATE		ZIP
HOME PHONE		CELL PHONE		WORK PHONE		EMAIL ADDRESS		
DATE OF BIRTH			MOTHER'S MAIDEN NAME			TYPE OF IDENTIFICATION (NO., EXP. DATE)		
EMPLOYER			OCCUPATION		IF SELF-EMPLOYED PROVIDE TYPE OF BUSINESS			

JOINT OWNER INFORMATION

LAST NAME		FIRST NAME		M.I.		SOCIAL SEC. NO.		
PHYSICAL ADDRESS				CITY		STATE		ZIP
MAILING ADDRESS (If different)				CITY		STATE		ZIP
HOME PHONE		CELL PHONE		WORK PHONE		EMAIL ADDRESS		
DATE OF BIRTH			MOTHER'S MAIDEN NAME			TYPE OF IDENTIFICATION (NO., EXP. DATE)		
EMPLOYER			OCCUPATION		IF SELF-EMPLOYED PROVIDE TYPE OF BUSINESS			



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DESIGNATION OF BENEFICIARY (PAY-ON-DEATH PAYEE)

SHARES BENEFICIARY (member)

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

NAME OF BENEFICIARY (1)	ADDRESS	RELATIONSHIP	PHONE	PERCENTAGE (%)
NAME OF BENEFICIARY (2)	ADDRESS	RELATIONSHIP	PHONE	PERCENTAGE (%)

MEMBER SIGNATURE: **X** _____

SHARES BENEFICIARY (joint owner)

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

NAME OF BENEFICIARY (1)	ADDRESS	RELATIONSHIP	PHONE	PERCENTAGE (%)
NAME OF BENEFICIARY (2)	ADDRESS	RELATIONSHIP	PHONE	PERCENTAGE (%)

MEMBER SIGNATURE: **X** _____

PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NO.

Name: _____

PART I. Taxpayer Identification Number (TIN). Enter your TIN in the box below. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, refer to the W-9 Form, Specific Instructions, Part I.** For other entities, it is your employer identification number (EIN). If you do not have this number, see instructions **How to get a TIN** in the W-9 Form, Specific Instructions.

NOTE: If the account is in more than one name, see the chart on the W-9 Form, Specific Instructions.

Social Security No. or Employer I.D. number: _____

PART II. Certification. Under penalties of perjury I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- 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**
- I am a U.S. citizen or other U.S. person (defined in the W-9 Form, General Instructions), **and**
- The FATCA code(s) entered on the separate instruction sheet (if any) indicating that I am exempt from FATCA reporting is correct. **Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See Certification Instructions in the W-9 Form).

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

MEMBER SIGNATURE: **X** _____

Date: _____

I/WE HEREBY MAKE THIS APPLICATION FOR MEMBERSHIP AND AGREE TO CONFORM TO THE BY-LAWS (AS AMENDED) OF THE
GLENDALE FEDERAL CREDIT UNION

ACKNOWLEDGEMENT OF RECEIPT AND ACCEPTANCE OF TRUTH-IN-SAVINGS DISCLOSURE

By signing below, I/we acknowledge that I/we have received a copy of Glendale Federal Credit Union's Truth-in-Savings Disclosure ("Disclosure") and that I/we have received a copy of the current Rate and Fee Schedule. All the terms, conditions and information contained in the disclosure and any amendments thereto ("Application") are by this reference incorporated in their entirety into this membership application and account agreement ("Application"). I/we authorize Glendale Federal Credit Union to obtain credit reports in connection with this account and any future services provided by Glendale Federal Credit Union as permitted by law. I/we agree to be bound by the term and conditions of the Disclosure and Application. I/we understand that Glendale Federal Credit Union may verify all information I/we have given on the Application.

MEMBER SIGNATURE: **X** _____

Date: _____

JOINT OWNER SIGNATURE: **X** _____

Date: _____

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Include name of system used to verify Member Information:

System: _____ Date: _____

This application for Membership as to

Member Joint Owner Approved By:

Signature: _____ Date: _____



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Membership Eligibility Certification

Employees of the City of Glendale is our core membership group. Their membership opens the door to immediate family and household members to become members of the Credit Union.

Friends of the Glendale Public Library can also join the Credit Union. Anyone can join this organization. Glendale FCU will pay the Friends of the Glendale Public Library's membership fee for the first year. (You do not need to be a resident of Glendale)

Immediate family and Household members of current GFCU members are invited to join the Credit Union. We define immediate family members as spouse, child, brother, sister, parent, grandparent, or grandchild. Household members are defined as people living in the same residence and who maintain a single economic unit, including any person who is a permanent member of or participates in the maintenance of the household.

Please indicate your eligibility:

Employee of the City of Glendale

Your department:

Friends of the Glendale Public Library

Immediate Family or Household member of a Friend of the Glendale Public Library

Immediate Family or Household member (**CU Employee or SEG Group Employee Family**)

Employee of Turpin & Rattan Engineering, INC

Employee of the Glendale YMCA

Member of the Glendale YMCA

Employee of Diamond Honda

Employee of A.J Gallagher

Employee of King Fish INC

Credit Union Employee

City Employee Family

Employee of FTSI

Please have your sponsor complete the following:

I certify that _____ is a member of my immediate family or household and is thereby eligible for Glendale Federal Credit Union Membership.

Sponsor's Signature: X **Date:**

Sponsor's Printed Name:

NEW MEMBER'S SIGNATURE: _____ Date:

For Credit Union Use:

Member's signature & eligibility verified by: **Date:**

New Acct. # **TELLER #**