

Sign me up for the following accounts:

- Savings** - required for membership
- Checking**
 - Free Checking - non-dividend
 - Checking Plus - earns dividends
 - Green Checking - earns higher dividends
- ATM / Debit Card**
- Online Banking**
- Loan** Type: _____
- Money Market**
- IRA**
- Certificate**
- Please contact me**

Please remember to:

- Enclose a copy of a valid Driver's License or government-issued ID for all listed on account
- Send a check for at least \$15 – \$5 of which goes into your savings account and secures your membership in the Credit Union, the remaining \$10 is a tax deductible donation to our non-profit SCE FCU Foundation. The Credit Union then matches that donation and helps disadvantaged youth and low-income families in the local community
- Drop off this completed application at an SCE FCU branch or mail it to SCE FCU, PO Box 8017, El Monte, CA 91734
- Call us at 800.866.6474 or visit us at scefcu.org if you have any questions

Official Use Only

Opened by / Operator # _____

- Chex Systems / OFAC
- ATM / Global
- Ordered Checks
- Loaded Associations
- Disclosures
- Welcome Letter / Touché
- Credit Report
- ID Documented

Information Verification by _____ on _____

Primary Member Information

Account

Name	Social Security #		Date of Birth	Mother's Maiden Name
Address	Years at Residence	Own or Rent	Driver's License # & State	
City, State & Zip	Preferred Contact Phone #		Work Phone #	
Employer Name	eMail Address			
Employer Address	Occupation	Years with Employer	Monthly Salary	
Employer City, State & Zip	Name of School (if student)			Student ID #

Joint Owner / Parent or Guardian

Name	Social Security #		Date of Birth	Mother's Maiden Name
Address (if different than above)	Preferred Contact Phone #		Work Phone #	
City, State & Zip	Years at Residence	Own or Rent	Driver's License # & State	
Employer Name	eMail Address			
Employer Address	Occupation	Years with Employer	Monthly Salary	
Employer City, State & Zip	Name of School (if student)			Student ID #

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 owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all my/our accounts established on this form.

Name & Address of Beneficiary	Date of Birth	Relationship
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By signing below, I/we authorize you to gather credit, checking account and employment information you consider appropriate at the point of membership and from time to time thereafter. I/we understand that this will assist, for example, in determining my/our initial and ongoing eligibility for an account and for making future credit opportunities available to me/us. I/we authorize you to give information concerning your experience with me/us to others. I/we understand and agree that you may retain this Membership Application and any other information you may receive. I/we authorize you to obtain information from the California Department of Motor Vehicles (DMV) as needed in relation to transaction(s) I/we perform with you. I/we authorize you to open other account(s) for me/us in person or per my/our telephone request.

Instructions: In the statement below, cross out item 2 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 below and complete a W-8 BEN if you are not a U.S. person.

TIN Certification and Backup Withholding Information - 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).

Check this box if you do not have a Social Security Number.

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



Primary Member Signature (if minor, please print child's name)

Date

Joint Owner / Parent or Guardian Signature

Date