

MEMBERSHIP ELIGIBILITY

I am a New Member Making a change to my current account Member # _____

Please complete this form and bring it to any F3 Credit Union branch to open an account.

A \$1 minimum balance, a \$1 fee and 2 forms of ID are required to open a F3CU membership account .

You may also mail in this application, along with the required items, to the address at the end of this form.

Name, Last _____ First _____ Middle Initial _____

Type of Account Desired (check all that apply)

Savings (\$1.00 minimum balance to open, \$1.00 fee)

Checking

Certificate of Deposit

Other _____

Other _____

Type of Account Desired (check all that apply)

The ownership specified below will remain the same for all accounts listed

Individual

Joint (with right of survivorship)

Beneficiaries

Name	Date of Birth	Relationship	%
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Primary Member (Please print in ink)

Name, Last _____ First _____ Middle Initial _____ SS# _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____ Email _____

Home Phone _____ Driver's Lic. #/State _____ Mother's Maiden Name _____

Date of Birth _____ Occupation _____ Employer _____

Occupancy Status _____ Occupancy Duration _____ Gross Monthly Income _____

Joint-Owner Relationship to member ► _____

Name, Last _____ First _____ Middle Initial _____ SS# _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____ Email _____

Home Phone _____ Driver's Lic. #/State _____ Mother's Maiden Name _____

Date of Birth _____ Occupation _____ Employer _____

Occupancy Status _____ Occupancy Duration _____ Gross Monthly Income _____

I authorize primary savings account for overdraft transactions (Refer to our Fee Schedule).

I decline.

MEMBERSHIP ELIGIBILITY

I am eligible for F3CU membership through: (check one)

My Employer _____

Family Member _____

Relationship to Family Member

Or I: (check one)

Live

Work at _____

Worship at _____

Attend school at _____

in Santa Clara County

How did you hear about us? _____

Authorization and Signatures

By signing below the undersigned agrees to the by-laws of F3 Credit Union and the applicable account terms and conditions, as amended from time to time; to pay membership or entrance fee; and authorize the credit union to verify credit and employment history by any means, including preparation of a credit report by a credit reporting agency. The undersigned certifies that the information provided on this agreement is true and accurate and that the terms on this agreement apply to all listed accounts. The undersigned also acknowledges receipt of our Privacy Policy, Fee Schedule, and Truth in Savings disclosure explaining the terms and conditions applicable to all listed accounts.

Under penalty of perjury, I certify that (a) the taxpayer ID/ social security number I have given on this application is correct, (b) I am a US person, including resident alien, and (c) either I have never been notified by the IRS that I am, or I have been notified by the IRS that I am no longer, subject to backup withholding due to under-reporting of dividends or interest. I understand the IRS does not require my consent to any term of any agreement with F3 Credit Union except the certifications required to avoid backup withholding.

If I am subject to backup withholding, this box is checked.

No transfer of voting rights or other membership privilege is permitted by virtue of transfer of shares.

Signature (Primary Member) _____ Date _____

Signature (Joint-Owner) _____ Date _____

For Credit Union use only:

Primary ID Type _____ No. _____

Date opened _____ Opened by _____ Secondary ID Type _____

OFAC: _____ Date _____

CheckSystems verification: No record or _____

Membership Officer _____ Date _____



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