



PO Box 30831  
Los Angeles, CA 90030-0831  
(800) 222-1226  
FAFCU.org

## MEMBERSHIP APPLICATION

Account Number	<input type="checkbox"/> Check here if this application is for a MINOR/YOUTH Account
<b>New Membership Only:</b> Name of employer, family member or affiliated association through which you are eligible to join F&A Credit Union	

### Instructions

#### Avoid delays by applying online at FAFCU.org

1. Complete this document with blue or black ink, and sign where indicated on page two.
2. All account owners listed on this document: Enclose a legible copy of a valid U.S. government-issued identification (license, ID, passport).
3. **New memberships only:** Enclose a \$5 check made payable to yourself (\$5 minimum balance required to maintain membership).
4. Mail all documents to the address above or bring them to a branch location.

SELECT ADDITIONAL PRODUCTS					
<input type="checkbox"/> No additional products requested			<b>* High Yield eChecking requires eStatements. Primary account owner: Initial below to acknowledge acceptance of the Electronic Statement disclosure.</b> <div>Initials: <input type="text"/></div>		
<input type="checkbox"/> Checking <input type="checkbox"/> High Yield eChecking*					
<input type="checkbox"/> F&A Checks – no charge for first check order					
<input type="checkbox"/> F&A Visa® debit card					
PRIMARY ACCOUNT OWNER PERSONAL INFORMATION – ALL FIELDS ARE REQUIRED					
Name (Last)		First		Middle	Birth Date (MM/DD/YYYY)
Social Security Number or Tax ID		Occupation		Employer	
Home Address (Not a PO Box)		Unit #	City	State	Zip Code
Mailing Address (if different)		Unit #	City	State	Zip Code
Driver's License Number	Issued by (State)	Issue Date	Expiration Date	Mother's Maiden Name	
Cell Phone Number*	Other Phone Number	Email Address*			
JOINT ACCOUNT OWNER INFORMATION – ALL FIELDS ARE REQUIRED					
Name (Last)		First		Middle	Birth Date (MM/DD/YYYY)
Social Security Number or Tax ID		Occupation		Employer	
Home Address (Not a PO Box)		Unit #	City	State	Zip Code
Mailing Address (if different)		Unit #	City	State	Zip Code
Driver's License Number	Issued by (State)	Issue Date	Expiration Date	Mother's Maiden Name	
Cell Phone Number*	Other Phone Number	Email Address*			

Initial here if additional joint account owner(s) are listed on page three.

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Account Number			
<b>ACCOUNT BENEFICIARY DESIGNATION (Optional)</b>			
Beneficiary: First & Last Name	Social Security Number	Phone Number	Relationship to Primary Owner
Home Address (Not a PO Box)	City	State/Zip Code	Birth Date (MM/DD/YYYY)
Beneficiary: First & Last Name	Social Security Number	Phone Number	Relationship to Primary Owner
Home Address (Not a PO Box)	City	State/Zip Code	Birth Date (MM/DD/YYYY)
Beneficiary: First & Last Name	Social Security Number	Phone Number	Relationship to Primary Owner
Home Address (Not a PO Box)	City	State/Zip Code	Birth Date (MM/DD/YYYY)
<b>If more than one beneficiary is named, all beneficiaries are deemed to have an equal interest in the accounts.</b>			
<b>IMPORTANT ACCOUNT INFORMATION</b>			
<p><b>IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT:</b> In accordance with the USA Patriot Act (Section 326): 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. Therefore, 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. To avoid processing delays, non-U.S. Citizens or non-U.S. Persons (including a Non-Resident Alien) should complete a W-8BEN form with an unexpired TIN.</p> <p><b>Your signature(s) below certifies that you received, read, understood and agree to all the terms and conditions for F&amp;A Credit Union's:</b></p> <p><b>Membership:</b> I/we are eligible to apply for membership with F&amp;A Credit Union. The F&amp;A Credit Union Deposit Account Agreement, Truth in Savings Disclosure, Schedule of Fees and Charges, and Privacy Policy have been provided to me. I agree to be bound by all terms and the Credit Union's bylaws, and any amendments thereof. I agree that all the information I have provided herein is true and correct. I authorize the Credit Union to obtain consumer reports in connection with my application and membership. I/We agree to accept information via email at the address provided herein. I/We further acknowledge that by signing this Application, the Primary Owner will have access to his/her authorized F&amp;A accounts through all electronic means offered by F&amp;A. *By providing your email address and cell phone number you are giving F&amp;A express consent to contact you via email, by an automated dialer or by SMS text. Carrier SMS messaging rates may apply.</p> <p><b>Checking Account:</b> I/We acknowledge that a Visa® debit card will be issued to the checking account if I/we selected it and qualify. I/We authorize Joint Owner access to all accounts through Visa® Debit Card transactions and/or Overdraft Protection, if applicable. If I/we do not select or qualify for a checking account, my/our additional deposit, if applicable, will be deposited into my/our ownership savings account.</p> <p><b>Electronic Statements:</b> In addition to my signature below, my/our use of a Visa® debit card will confirm my agreement to be bound by the terms and conditions of the Electronic Services Agreement that has been provided to me. Enrollment in a High Yield eChecking will opt me into eStatements. I authorize the Credit Union to enroll me in eStatements and my signature below confirms my agreement to be bound by the terms and conditions of the Electronic Statement Disclosure Agreement which has been provided to me/us.</p> <p><b>YOUTH/MINOR ACCOUNT:</b> If the Primary Owner is age 12 or younger, the parent or guardian must sign the child's name <b>and</b> their name (i.e. "John Smith, a minor by parent Jane Smith"). As a joint account owner, the parent or guardian is legally responsible for all transactions on this account and bound by all terms and conditions of membership and account ownership as detailed in the disclosures provided at account opening.</p>			
<b>TAX CERTIFICATION</b>			
<p>By signing this Application, the applicant(s) certify all information is complete and correct. The applicant(s) further certify the SSN/TIN provided is correct, I/we are not subject to backup withholding, I/we are U.S. Citizen(s) or U.S. resident alien(s). This certification does not apply if I have initialed below indicating denial of Form W-9. If you are not a U.S. Citizen or other U.S. person including a U.S. Resident Alien, initial below to designate your denial of Form W-9 Certification and to request IRS Form W-8BEN, which must be completed with unexpired TIN and submitted with this Application: _____ (initials) <b>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</b></p>			

Primary Owner Signature	Date	
Joint Owner Signature	Date	
<b>ADD ADDITIONAL JOINT ACCOUNT OWNERS ON PAGE THREE</b>		
OFFICE USE ONLY Application Approved by:	OFAC/CIP Verified By:	Date

Account Number				
<b>ADDITIONAL JOINT ACCOUNT OWNER – ALL FIELDS ARE REQUIRED</b>				
Name (Last)		First	Middle	Birth Date (MM/DD/YYYY)
Social Security Number or Tax ID		Occupation	Employer	
Home Address (Not a PO Box)		Unit #	City	State Zip Code
Mailing Address (if different)		Unit #	City	State Zip Code
Driver's License Number	Issued by (State)	Issue Date	Expiration Date	Mother's Maiden Name
Cell Phone Number*	Other Phone Number	Email Address*		
<b>ADDITIONAL JOINT ACCOUNT OWNER – ALL FIELDS ARE REQUIRED</b>				
Name (Last)		First	Middle	Birth Date (MM/DD/YYYY)
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Driver's License Number	Issued by (State)	Issue Date	Expiration Date	Mother's Maiden Name
Cell Phone Number*	Other Phone Number	Email Address*		

_____ Joint Owner Signature	_____ Date
_____ Joint Owner Signature	_____ Date
_____ Joint Owner Signature	_____ Date