

LAFFCU Master Account Signature Card



To be filled in by Credit Union

Member Name (last name, first name) _____ Account Number _____

New Account Name Change/Info Update Add Service/Delete Service Change Joint/Beneficiary

Other Account/Products Requested. You authorize LAFFCU to establish the following accounts/services

Primary Savings/Youth Savings (Required) Checking Account _____ (Type)
 ATM/VISA® Debit Card Other _____ TouchTeller (Audio Response) and Online Banking

Account Ownership: Individual Joint With Pay-On-Death Provision

Print Name _____
 Mailing Address _____
 Residence Address _____
 City _____ State _____ Zip _____

Home Phone () _____ Business Phone () _____

Occupation _____ Employer _____

Date of Birth _____ Mother's Maiden Name _____

E-mail Address _____ Driver's License No. _____

Membership Qualification:

Fold Here →

Community _____

Employer _____ Employee # _____ Department # _____

Family Member Of _____ Relationship _____ Account # _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

PART I. - Taxpayer Identification Number

Enter the taxpayer identification number in the appropriate box. For most individual taxpayers, this is the social security number.

Taxpayer Identification Number

PART II. - Backup Withholding On Accounts Opened After 12/31/83

Check the box if you are NOT subject to backup withholding under the provisions of section 3405(a)(1)(C) of the Internal Revenue Code.....

Right Thumb Print ID

(Fold and Tear)

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).

Instructions: 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

Fold Here →

AUTHORIZATION: - By signing below, I/we agree to the terms and conditions of the Account Agreement, Truth-In-Savings Disclosure, Schedule of Fees and Charges and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I hereby submit my application for membership in L.A. Financial Federal Credit Union. Each applicant for membership certifies that he or she is within the Credit Union's field of membership. I/we authorize the use of credit checks, depository history information and verification of employment. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card (e.g. ATM/Check Card) or EFT service (e.g. Audio Response) is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Services Disclosure and Agreement. Each authorized owner must sign.

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



Membership Instructions

1. Fill out COMPLETELY and sign attached Signature Card where indicated. Include minimum deposit of \$10.00, which includes nonrefundable \$5.00 Membership Fee and \$5.00 deposit to Primary Savings Account.
2. Primary and Joint Account Holder must provide copy of driver's license or photo I.D. and a clear copy of your work I.D. or paystub to verify membership eligibility.
3. If Joint Account, Joint Owner must complete and sign back of card.
4. Indicate beneficiary if this is not a Joint Account.
5. If account is for a Minor, you may sign for him/her. (\$5.00 Membership Fee is waived)
6. Complete Taxpayer Identification Number or Social Security No.
7. For L.A. County, fill in your Employee Number and Department Number where indicated.
8. For checking accounts include additional \$25.00 deposit.

L.A. Financial FCU
 P.O. Box 6015
 Pasadena, CA 91102-6015

Phone: 800.894.1200
 Fax: 626.449.3429

Web: www.lafinancial.org
 E-Mail: info@lafinancial.org

X _____
 Signature _____ Date _____

X _____
 Joint Signature (if applicable) _____ Date _____
 X _____
 Joint Signature (2) _____ Date _____

JOINT OWNER(S) INFORMATION

Print Joint Name (1) _____
Last First Middle Initial
 Mailing Address _____
City State Zip
 Residence Address _____
City State Zip
 Social Security Number _____ Date of Birth _____
 Home Phone () _____ Business Phone () _____
 Driver's License No. _____ Mother's Maiden Name _____
 Signature **X** _____ Date _____

Print Joint Name (2) _____
Last First Middle Initial
 Mailing Address _____
City State Zip
 Residence Address _____
City State Zip
 Social Security Number _____ Date of Birth _____
 Home Phone () _____ Business Phone () _____
 Driver's License No. _____ Mother's Maiden Name _____
 Signature **X** _____ Date _____

(Fold and Tear)

BENEFICIARY INFORMATION

Beneficiary Name _____
Last First Middle Initial
 Address _____
 City _____ State _____ Zip _____
 Social Security Number _____

FOR CREDIT UNION USE ONLY:	
LAFFCU Membership Officer _____	Date _____
Faraday _____	Date _____
Chex Systems _____	Date _____

Account Type	Account Number	Date Opened	Initial	Date Closed	Initial