



Where Members Come First!

MEMBERSHIP APPLICATION

Fill out this application completely and send to:
 430 12th Street, Modesto, CA 95354
 or Fax to: (209) 521-4570
**Please include photocopies for all
 Identification used for the application.**

New Membership Updated Membership Information ACCOUNT # _____

IMPORTANT INFORMATION ABOUT OUR 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 identify you. We may also ask to see your driver's license and/or other identifying documents.

Primary Member Information (PLEASE PRINT – all items must be completed)

First Name	Last Name	Middle Initial	Photo ID Type	
Physical Address	City	State	Zip	ID Number
Mailing Address (if different)	City	State	Zip	Issuing State/Country
Email Address	Primary/Home Phone	Secondary Phone	Issue Date	Expiration Date

Tax ID/SSN Date of Birth Mother's Maiden Name Occupation Employer Name

Joint Owner Information (PLEASE PRINT – all items must be completed)

First Name	Last Name	Middle Initial	Photo ID Type	
Physical Address	City	State	Zip	ID Number
Mailing Address (if different)	City	State	Zip	Issuing State/Country
Email Address	Primary/Home Phone	Secondary Phone	Issue Date	Expiration Date

Tax ID/SSN Date of Birth Mother's Maiden Name Occupation Employer Name

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Email Address	Primary/Home Phone	Secondary Phone	Issue Date	Expiration Date

Tax ID/SSN Date of Birth Mother's Maiden Name Occupation Employer Name

Membership Eligibility (I am eligible for membership based on the following)

- Select Employer Group (SEG): _____ Group Number: _____
- Family Member: _____ Relationship: _____ Phone Number: _____
- Credit Union Employee

Accounts to Open (Check all that apply)

Primary Share/Savings Share Certificate Term Months: _____ Share Draft/Checking Sub Share/Savings
Amount Used to Open: _____ Source of Funds: CASH CHECK Payroll Deposit Transfer

International Transactions

Do you anticipate international transaction activity on this membership? YES NO

Overdraft Protection (complete ONLY if opening a checking account)

Indicate the account(s) you wish to transfer from in the event of an overdraft. Transfers are made up to the available balance in the designated account, with a fee of \$5 per transfer after the first two which are free. If an overdraft option is not requested, checks and electronic withdrawals may automatically returned if there are non-sufficient funds.

Overdrafts are to be covered by transferring funds from:

Source 1: _____ Source 2: _____ I do not want Overdraft Protection at this time.

Pay-On-Death Beneficiaries (PLEASE PRINT)

Upon the death of the last surviving owner of the account(s) covered by this membership application, funds will be payable to the individual(s) identified below at the percentage designated (percentages must equal 100). If no percentages are indicated, the funds will be distributed in equal portions to all individuals listed.

_____ %	_____	_____	_____	_____
	Full Name (First and Last)	Address (Street, City, State, Zip)	Date of Birth	SSN (if known)
_____ %	_____	_____	_____	_____
	Full Name (First and Last)	Address (Street, City, State, Zip)	Date of Birth	SSN (if known)
_____ %	_____	_____	_____	_____
	Full Name (First and Last)	Address (Street, City, State, Zip)	Date of Birth	SSN (if known)

Check here if an additional designation of beneficiaries form is needed and attached.

Membership Application Agreement

By completing this application, the undersigned requests new or updated membership in M1FCU. I/we agree that this membership shall be my/our master account. I/we authorize the opening of any requested accounts and have provided the minimum required deposit(s) for each. I/we agree to abide by the laws and bylaws in all dealings with M1FCU. The information contained in this application is true and complete. You are authorized to check my/our credit history, including verification of information in this application through the use of consumer reporting agencies. I/we acknowledge receipt of and agree that all of my/our M1FCU accounts will be subject to the Account/Truth in Savings Disclosure and Fee Schedule as amended from time to time. I/we understand and agree that all sub-accounts opened under this agreement will be established with the same ownership and beneficiaries as stated on this application. I/we agree that should I/we request to establish a different ownership and/or beneficiaries, I/we understand that I/we must establish a new master account and sign a new master agreement and documents. M1FCU is authorized to recognize the signature subscribed below in the payment of funds or the transaction of any business for this account. You waive the confidentiality of your residence address as provided under Section 1808.21 of the Vehicle Code and authorize the Department of Motor Vehicles to furnish your current address to M1FCU. You agree that the representatives of M1FCU or its agents may call, send text messages to you at any telephone number that you provide or that representatives of M1FCU or its agents obtain from sources, now or later. This authorization includes calls and text messages made to cell phones and wireless devices using an automated dialing system or prerecorded message.

By signing below, I/we certify under penalty of perjury that my Taxpayer ID/Social Security Number provided in this application is correct and that I/we am/are not subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the IRS that you are subject to backup withholding, or (c) the IRS has notified you that you are no longer subject to backup withholding. I/we are subject to backup withholding because I/we have failed to report all interest or dividends on my/our tax return. I/we also certify that I/we am/are a U.S. person (includes U.S. resident alien). The IRS does not require my consent to any provisions of the application other than the certification to avoid backup withholding.

X		X		X	
Primary Member Signature	Date	Joint Signature	Date	Joint Signature	Date

CREDIT UNION USE ONLY

Account Opened by: _____ Open Date: _____
Primary Member OFAC CHEX Joint Signer OFAC CHEX Joint Signer OFAC CHEX
Beneficiaries OFAC CHEX Systems Details: _____

Membership Officer _____ Date _____

