



Unbeatable Service Experience

Thank you for choosing USE Credit Union

True to our mission, USE Credit Union is focused on providing the information and tools you need to reach your financial goals. To apply for membership and open your new accounts, simply complete the enclosed application and return it to your local USE branch. Thank you for choosing USE Credit Union as your trusted financial partner.



NEW MEMBER INSTRUCTIONS

To apply for membership, please complete this all-in-one Membership Application/Signature Card and sign/initial where indicated.

Include a check or money order payable to USE Credit Union for the following items:

- Lifetime Membership Fee:**
\$10 (or \$15 for merchants or \$2.50 for minors/seniors/students)
- Ownership Share Deposit:**
\$5 (this required deposit establishes you as an owner and is returned to you once your membership is closed; only one ownership share per TIN/SSN)
- New Account Minimum Opening Deposit:**
\$100 for checking and \$25 for savings (\$25 for Student Checking)

RETURN BY MAIL INSTRUCTIONS

If you would like to apply for membership by mail, this “Establish Your Membership/New Account” form **must be notarized**. (unless you’re an existing member opening an alternate membership). Please also include each of the following, along with the items listed above:

- A legible photocopy of one of the following forms of Primary Identification: Current Driver’s License, State-issued ID Card, US Passport, Foreign Passport, US Military ID, Permanent Resident Card, Alien Registration Card, Matricula Consular, or SENTRI Card.
- A legible photocopy of one of the following forms of Secondary Identification: An additional item from the list of Primary IDs above, or Social Security Card, Employee ID; Student ID; Welfare ID; Birth Certificate; ITIN Card or Authorization Letter from IRS; Property Tax bill; Voter Registration; Payroll Check Stub with Current Name, Address, and SSN.
- A legible photocopy of one of the following to document membership eligibility:
 - For University/State employees or students:** A copy of a recent pay stub or student ID card
 - For community eligibility:**
A copy of a utility bill, credit card bill, or other bank statement to verify address
 - For relationship to existing member:**
Provide the existing member’s name, address, and telephone number



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PERSONAL ACCOUNTS

ESTABLISH YOUR MEMBERSHIP/NEW ACCOUNT

I am applying for membership in USE Credit Union. I agree to conform to its Bylaws and any amendments thereto, to purchase and retain a share in the Credit Union, to pay a membership fee to the Credit Union, and to authorize the Credit Union to gather whatever employment and credit information it deems necessary and appropriate. I understand that if I fail to remain the holder of a deposit or loan account, my membership shall be transferred to inactive status.

I certify that I am eligible for membership through one of the following: (check only one and complete as appropriate)

I live / work / worship in Alameda / Sacramento / San Diego / Santa Clara / Yolo County.
(circle one) (circle one)

I am part of a Select Employee Group (SEG): Employer/College/University: _____ Organization: _____

I am related to the following existing member: _____ Relationship: _____

MEMBER INFORMATION	
<input type="checkbox"/> Own	<input type="checkbox"/> Rent <input type="checkbox"/> Other
Last Name	First Middle
Physical Address	
City	State Zip
Date of Birth	Mother's Maiden Name
Home Phone	Work Phone
Employer	Occupation
Driver License or Passport #	Social Security #
Email Address	Verbal Password (for Member Service Center)

JOINT ACCOUNT OWNER INFORMATION	
The Credit Union will recognize the joint account owner named below in the transaction to any activity on these accounts.	
<input type="checkbox"/> Own	<input type="checkbox"/> Rent <input type="checkbox"/> Other
Last Name	First Middle
Physical Address	
City	State Zip
Date of Birth	Mother's Maiden Name
Home Phone	Work Phone
Employer	Occupation
Driver License or Passport #	Social Security #
Email Address	

DESIGNATION OF BENEFICIARY (Does not preclude the joint account owner's right of survivorship)									
In the event of my death, and the death of all joint account owners of this account, I/we authorize USE Credit Union to pay the balance of this/these accounts to:									
Last Name	First	M.I.	Address	City	State	Zip	DOB	SSN#	
Last Name	First	M.I.	Address	City	State	Zip	DOB	SSN#	

ESTABLISH THE FOLLOWING ACCOUNTS:

Ownership Share Account (required \$5.00 held balance)

Plus, the accounts listed below:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

ELECTRONIC BANKING:

Online Banking Online BillPay Telephone Banking

DIRECT DEPOSIT:

Yes, please provide me information to establish Direct Deposit.

OVERDRAFT PROTECTION:

Yes, I want Overdraft Protection (available from Savings products or my Visa® Credit Card). Please indicate your preference below:

Type of account	
1ST CHOICE	
2ND CHOICE	

TAX PAYER ID / SOCIAL SECURITY NUMBER:

			-				-			
--	--	--	---	--	--	--	---	--	--	--

Under penalties of perjury, I/we certify that: (1) the number shown on this form is correct and (2) I/we am/are not subject to backup withholding because (a) I/we are exempt from backup withholding, or (b) I/we have not been notified by the Internal Revenue Service that I/we am/are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me/us that I/we am/are no longer subject to backup withholding, and (3) I/we am/are a U.S. person (including a U.S. resident alien). Complete a W-8 BEN if you are not a U.S. person. Alternatively, by initialing at the end of this section, I/we acknowledge that I/we am/are subject to backup withholding and, therefore, certification (2) is not applicable.

initial initial

TRUST ACCOUNT

If establishing a trust account, complete the following:

LIVING TRUST Trust Agreement Dated _____

Name of Trust: _____

Trust TIN: _____

Name of Trustor(s): _____

I/We declare under penalty of perjury and as provided under the California Probate Code Section 18100.5 that I/we am/are qualified and have the power to act and am/are properly exercising the powers under the above named trust.

Trustee Signature: _____

Co-Trustee Signature: _____

For Living Trust Accounts: If the Trust does not name Successor Trustees, please check the box and initial here: _____

If you wish for the Successor Trustees to serve in succession rather than simultaneously, please indicate the order to serve by checking the appropriate box.

Successor Trustee 1 2

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____

Successor Trustee 1 2

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____

FIDUCIARY (TRUSTOR): _____

CALIFORNIA UNIFORM TRANSFER TO MINORS ACT (CUTMA)

Custodian _____ Signature _____

Successor Custodian Name _____

Minor _____ Date of Birth _____

Funds to remain in Trust until age: _____

VISA® CREDIT CARD

Please select **if applicable**:

Yes, I am interested in applying for a USE Platinum Visa Credit Card, and I acknowledge receipt of the Visa Information/Tabular Disclosure:

Individual Joint

If applying for joint credit, check the box below and sign where indicated:

Yes, we intend to apply for joint credit:

Borrower 1 Signature _____

Borrower 2 Signature _____

There are costs associated with the use of USE Visa cards. To obtain information about these costs, call (866) 873-4968. Must be at least 18 years of age and a permanent U.S. resident with a Social Security number.

I/We have received a copy of the Account Agreement and Disclosure Statement, Electronic Services Disclosure & Statement, Member Privacy Disclosures, and current Schedule of Fees and agree with the terms and conditions for the use of these services. I/We authorize the Credit Union to check my/our ChexSystems history and my/our credit history for any reason by obtaining a credit report whenever the Credit Union has a legitimate business reason for doing so. I/We agree that the Credit Union may access the records of the California Department of Motor Vehicles from time to time to obtain my/our current mailing address and by doing so agreeing I/we am/are waiving my/our rights under section 1808.22 of the California Vehicle code. _____

initial initial

Proxy Statement

I appoint the Board of Directors of USE Credit Union to appoint a Proxy to represent me at all meetings of the members of this Credit Union. The Proxy will vote for me on all questions and elections coming before said meeting, to give consent and in other ways to act in my place and stead. This Proxy shall remain in force for three (3) years from today, unless revoked by me in writing or revoked by subsequent Proxy. This Proxy will be withdrawn from any meeting which I attend and vote at in person.

Member Signature _____ Date _____

Joint Account Owner Signature _____ Date _____

IMPORTANT:

If applying for membership remotely, signature(s) must be notarized.



www.usecu.org
(866) USE-4-YOU
(873-4968)

CREDIT UNION USE ONLY

Opened by (Teller #): _____		Date: _____
Member #: _____		
Account opened by mail or online? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Agreement notarized		
	Primary Member	Joint Account Owner
Primary ID type	_____	_____
Secondary ID type	_____	_____
If different from Primary ID, address verified with:	_____	
ChexSystems: <input type="checkbox"/> No record	Initials: _____	MEMBERSHIP CO-CHAIR USE ONLY
_____	SDID Number _____	Verified by: _____
OFAC <input type="checkbox"/>	_____	Date: _____
C.O.T. on file dated _____		