

# Technology Credit Union Universal Signature Card/Membership Application

For Tech CU staff use

Member Number	Branch	Date	Processed By

**IMPORTANT INFORMATION ABOUT MEMBERSHIP AND NEW ACCOUNTS AT TECH CU** Federal regulations require all financial institutions to obtain, verify, and record information that identifies each person who opens an account. We will ask for the name, address, date of birth, taxpayer identification number, and other information that will identify each person who signs this application. We may ask to see your driver's license or other identifying documents. We may keep copies of your identifying documents. We may use outside sources, such as consumer reporting agencies, to confirm the information you give us.

We will accept your application if you otherwise qualify and write "application in process" in the Social Security/Taxpayer ID section of the application and give us a copy of your application. If we do not receive a Taxpayer ID number for you within 60 days of opening your account, we will close it. We will not extend credit to anyone who has not given us a valid Taxpayer ID number.

By applying for membership, you agree that we can review your credit and account history with consumer reporting agencies. Your oral, written, or electronic request and deposit of funds will allow you to open any Tech CU account for which you qualify under the membership number established for this application.

## MEMBER

Name	Social Security/Taxpayer ID #	ID Type and #	Date of Birth
Street Address	City, State, Zip Code		
Residence Address (if different from above)	Residence City, State, Zip Code		
Home Phone	Work Phone	Mother's Maiden Name	
Occupation	Email Address		

I am a U.S. citizen  Yes  No If no, country of citizenship: \_\_\_\_\_

Are you a senior foreign political figure or a family member or a close associate of a senior foreign political figure?  Yes  No

Do you anticipate foreign wire activity?  No  Yes, provide up to two countries:

1) \_\_\_\_\_ 2) \_\_\_\_\_

**Account Ownership:** Persons identified as joint owners will own proceeds of all accounts established under this membership number (except IRAs and fiduciary accounts) on the same basis as the member, will be able to withdraw all funds, and will succeed to ownership of the funds in the accounts upon the death of the member. Withdrawal of funds by one owner terminates all other owners' rights to the funds. Funds under this membership number will be liable for any obligations incurred to Tech CU by either the joint owner(s) or the member.

## JOINT OWNER 1

Name	Social Security/Taxpayer ID #	ID Type and #	Date of Birth
Street Address	City, State, Zip Code		
Residence Address (if different from above)	Residence City, State, Zip Code		
Home Phone	Work Phone	Mother's Maiden Name	
Occupation	Email Address		

I am a U.S. citizen  Yes  No If no, country of citizenship: \_\_\_\_\_

Are you a senior foreign political figure or a family member or a close associate of a senior foreign political figure?  Yes  No

Do you anticipate foreign wire activity?  No  Yes, provide up to two countries:

1) \_\_\_\_\_ 2) \_\_\_\_\_

## JOINT OWNER 2

Name	Social Security/Taxpayer ID #	ID Type and #	Date of Birth
Street Address	City, State, Zip Code		
Residence Address (if different from above)	Residence City, State, Zip Code		
Home Phone	Work Phone	Mother's Maiden Name	
Occupation	Email Address		

I am a U.S. citizen  Yes  No If no, country of citizenship: \_\_\_\_\_

Are you a senior foreign political figure or a family member or a close associate of a senior foreign political figure?  Yes  No

Do you anticipate foreign wire activity?  No  Yes, provide up to two countries:

1) \_\_\_\_\_ 2) \_\_\_\_\_

**ELIGIBILITY:** I am eligible for membership because:

I work for \_\_\_\_\_ (Member company name).

I live, work, worship, or attend school in  Santa Clara County  Alameda County  San Mateo County  
 Santa Cruz County  Contra Costa County  San Francisco County in California.

I live with or am related to \_\_\_\_\_ (Name) \_\_\_\_\_  
(Telephone #) \_\_\_\_\_, who belongs to Technology Credit Union.

If I make misleading statements regarding membership eligibility, the Credit Union may immediately cancel my membership, close my accounts, and call my loans due and payable in full.

**BENEFICIARIES:** The following beneficiary(ies) is/are to receive the proceeds of all accounts held under the membership number established under this Card at my death. If the accounts established under this membership number are joint, the named beneficiary(ies) will receive the proceeds only after the death of all owners. Proceeds will be paid in equal shares unless different percentages are indicated here.

Name	Relationship	Address	Date of Birth	Percentage

**ELECTRONIC TRANSFER SERVICES:** By signing this Card, I request all of the following: Call-24 PIN, Online Banking PIN, and ATM Card (if no checking account is opened) or CheckCard (if checking account is opened). If I do not want these electronic transfer services, the following space is initialed: \_\_\_\_\_.

**OVERDRAFT PROTECTION:** If I establish one or more Tech CU Checking accounts, overdrafts will be handled as follows:

- a) If I am a borrower on any Tech CU Personal Line of Credit or Home Equity Line of Credit, funds will be advanced from the line of credit to cover overdrafts according to the terms in the credit agreement. Any person(s) authorized to write checks on my Checking account (joint owner, holder of a power of attorney, etc.) can access my line of credit for overdraft protection, even if they are not borrowers on the line of credit.
- b) If I designate a Tech CU Savings account as an overdraft protection source, funds will be transferred from the account to cover overdrafts according to the terms of the account agreement. Any person(s) authorized to write checks on my Tech CU Checking account can access my savings account for overdraft protection, even if they are not owners of the account.
- c) If I have more than one overdraft protection source with available funds or credit, Tech CU can decide which source to access to cover overdrafts.
- d) If I do not have a designated Tech CU line of credit or savings account as an overdraft protection source with available funds or credit, the Credit Union may at your discretion either pay or return any items (including checks, Check Card transactions, online bill payments, ATM withdrawals, etc.) that overdraft my checking account. The same fee will be charged whether Tech CU pays or returns the item. If Tech CU pays an overdrafting item, you will notify me and I agree that you can restore associated negative balances and associated fees from subsequent deposits, even if the deposited funds are normally exempt from creditors' remedies (such as social security direct deposits). If I prefer that Tech CU return (bounce) overdrafting items rather than paying them, I have initialed this space: \_\_\_\_\_.

**TAXPAYER ID CERTIFICATION (SIGNATURE REQUIRED)**

I certify under penalties of perjury that (a) the Social Security Number or Individual Taxpayer Identification Number (ITIN) shown on this Card is my correct U.S. Taxpayer Identification Number, (b) I am a U.S. person, and (c) I am not subject to backup withholding because (i) I am exempt from backup withholding or (ii) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends or (iii) the IRS has notified me that I am no longer subject to backup withholding. If I am subject to backup withholding, I have initialed this space: \_\_\_\_\_. I understand the IRS does not require my consent to any term of any agreement with Tech CU except the certifications required to avoid backup withholding.

x \_\_\_\_\_  
Member Signature

x \_\_\_\_\_  
Joint Owner 1 Signature

x \_\_\_\_\_  
Joint Owner 2 Signature

By signing this Card, I certify that the information on this Card is correct and I agree that my membership in Tech CU and my accounts will be subject to this Card, Tech CU's Member Handbook, Truth in Savings Disclosures, Fee Schedules, Bylaws, and policies as amended from time to time by proper notice to me. **By joining Tech CU, I agree that if I become indebted to Tech CU in any manner (including by accessing credit Tech CU makes available to me via plastic card) and I default on my payment obligations, Tech CU can take any Tech CU shares in which I have an interest (unless prohibited by law or the share agreement) to recover all or part of my delinquent obligation without notice to me and without waiving other collection rights. This is not a pledge by me of specific shares and will not affect my right to withdraw funds prior to my default and Tech CU's exercise of its rights under this consent.**

x \_\_\_\_\_  
Member Signature                      Date

x \_\_\_\_\_  
Joint Owner 1 Signature                      Date

x \_\_\_\_\_  
Joint Owner 2 Signature                      Date

**CREDIT UNION USE ONLY**

Approved By: \_\_\_\_\_

Method of ID: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
ID Issuance Date: \_\_\_\_\_

ID Expiration: \_\_\_\_\_  
ID State: \_\_\_\_\_