

# E-CENTRAL MEMBERSHIP APPLICATION

**IMPORTANT INFORMATION ABOUT 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 me: When I open an Account, you will ask you for my name, address, date of birth, and other information that will allow you to identify me. You may also make a copy of my driver's license or other identifying documents.

## Primary Member

Date of Birth

Social Security Number

Last Name First Middle Initial

Home Address (No P.O. BOX) Unit # City State Zip

Driver's License # Home Phone

E-Mail Address Cell Phone

Place of Birth Mother's Maiden Name

Company Name (Employer) Work Phone

Company Address City State Zip

## Joint Owner

Date of Birth

Social Security Number

Last Name First Middle Initial

Home Address (No P.O. BOX) Unit # City State Zip

Driver's License # Home Phone

E-Mail Address Cell Phone

Place of Birth Mother's Maiden Name

Company Name (Employer) Work Phone

Company Address City State Zip

## Membership Eligibility (please check one)

Employee at a Select Employee Group  Family Member  Other: \_\_\_\_\_

## Choose and Deposit (please include a copy of your driver's license or state ID)

### Select one or more

### Minimum Deposit Initial Deposit

<input checked="" type="checkbox"/> Primary Savings	\$25	_____
Select a Checking Account		
<input type="checkbox"/> Everything Premium Checking*	\$100	_____
<input type="checkbox"/> Everything Checking*	\$100	_____
<input type="checkbox"/> Basic Plus Checking*	\$100	_____
<input type="checkbox"/> E-Builder Checking*	\$250	_____
<input type="checkbox"/> Money Market Savings	\$2,500	_____
<input type="checkbox"/> Certificate Term _____	\$1,000	_____
<input type="checkbox"/> Holiday Savings	\$10	_____
<input type="checkbox"/> Personal Savings	\$10	_____
<b>Total \$</b>		_____

### Overdraft Protection for Checking

- Link my Savings Account to cover any overdrafts. (Included)
- Use Courtesy Pay to cover any overdrafts on paper checks and recurring electronic transactions. (Included)
- I would like Courtesy Pay to cover my everyday transactions so I have maximum protect. See reverse side for details.
- For additional protection, I would like a Personal Line of Credit linked.\*
- I do not want my Savings Account linked.
- I do not want Courtesy Pay.

\*For appropriate fees, please refer to our Schedule of Fees and Charges. †Requires a completed Consumer Loan Application and subject to credit approval.

## Beneficiary / Pay On Death (P.O.D.) Payees

The following beneficiary(ies) is/are to receive the proceeds of this membership, excluding IRA funds, at my death. If this is a Joint Account (more than one owner) the beneficiary(ies) is/are to receive the proceeds of this membership only upon death of all Joint Owners. Beneficiaries will receive proceeds in equal shares unless another percentage is indicated.

Beneficiary / P.O.D. Payee Name	Address	City	State	Zip	Soc. Sec. Number	D.O.B.	Percentage
Beneficiary / P.O.D. Payee Name	Address	City	State	Zip	Soc. Sec. Number	D.O.B.	Percentage

## Taxpayer Identification Number (TIN) Certification

Under penalties of perjury, by signing below, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (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. citizen or other U.S. person; and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. **Certification instructions.** You must 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. If you are not a U.S. person, then cross out item 3 and complete a W-8 BEN. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

## Agreement & Signature

I/We agree to be bound by the terms and conditions applicable to each account and/or service requested, as contained in the Truth-In-Savings Disclosure and Electronic Services Disclosure, and the Credit Union's Bylaws, all of which are incorporated by this reference. I/We authorize the Credit Union to gather whatever credit, checking account and employment information the Credit Union considers appropriate from time to time. I/We understand that this will assist the Credit Union, for example, in determining my/our initial and ongoing eligibility for my/our account and/or in connection with making future credit opportunities available to me/us. I/We authorize the Credit Union to give information concerning its experiences with me/us to others subject to applicable law. All funds paid into any account shall be considered as being held by each owner of that account equally, with the right of survivorship and regardless of net contribution, and that the Credit Union is under no obligation to inquire as to the source of any contribution. The Credit Union is authorized to recognize any of the signatures below for transactions of any business on any account on which that party is named as an owner.

I/We hereby irrevocably appoint the E Central Board of Directors by majority vote to appoint a proxy as my/our attorney in fact to represent me/us at all meetings of the members of this Credit Union, to vote for me/us in my/our name on all questions and elections coming before said meetings, to give consents and in all other ways to act for me/us. This proxy shall remain in force for three (3) years from the date set forth herein below, unless revoked by me/us by a subsequent proxy, or otherwise in writing, and I/WE RESERVE THE RIGHT TO WITHDRAW THIS PROXY FROM ANY MEETING I/WE ATTEND AND VOTE AT IN PERSON.

Signature of U.S. Person  
& Primary Account Owner

Date

Joint Owner Signature

Date

Credit Union  
Use Only

Branch:

Approved by:

Teller #:

Date:

Acct. #:

# WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when your account's "available balance" (as defined in our Member Account Agreement and Disclosure) is insufficient to pay a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account. E-Central refers to this as Courtesy Pay.
2. We also offer overdraft protection plans, such as a link to a savings account or personal line of credit, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

## What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions through our Courtesy Pay Program:

- Checks and other transactions made using your checking account number.
- Automatic bill payments.

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- Everyday Debit Card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

## What fees will I be charged if E-Central pays my overdraft?

Under our standard overdraft practices:

- We will NOT charge you a fee to cover transactions of \$5.00 or less.
- We will charge you a fee of \$30 each time we pay an overdraft for a transaction greater than \$5.00.
- We limit overdraft fees to a maximum of four (4) fees per day.

## What if I want E-Central to authorize and pay overdrafts on my ATM and everyday Debit Card transactions?

If you want us to authorize and pay overdrafts on ATM and everyday Debit Card transactions you can opt in by:

1. Contacting us at 626.799.6000.
2. Completing the form below and mailing it to: E-Central, 990 S. Fair Oaks Ave., Pasadena, CA 91105.

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**Yes**, I want E-Central to authorize and pay overdrafts on my ATM and everyday Debit Card transactions via Courtesy Pay. I understand that I have the right to revoke this decision at any time.

I do not want E-Central to authorize and pay overdrafts on my ATM and everyday Debit Card transactions.

Print Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Best Phone: \_\_\_\_\_ Is this your:  Cell  Home  Work

Email: \_\_\_\_\_