

Junior Varsity & Varsity Membership Application

New Member Account #

Please print minor's information.

Name (Last)		(First)			(Middle)				
Social Security #/Tax ID		Mother's Maiden Name			Date of Birth / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Phone ()	Cell Phone ()	By providing us with your cell phone number, you are providing us with express consent to contact you at this number, including through the use of an automated dialing system.			Email				
Home Address (No PO Boxes)	Unit #	City	State	ZIP	Mailing Address (If different)	Unit #	City	State	ZIP
Occupation (If applicable)	ID Type	Number	Issued By	Issue Date / /	Expiration Date / /				

Please print parent/legal guardian joint owner information.

Name (Last)		(First)			(Middle)			Date of Birth / /
Social Security #/Tax ID		Occupation			Employer			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address (No PO Boxes)		Unit #	City	State	ZIP			
Mailing Address (If different)		Unit #	City	State	ZIP			
Driver License #	State <input type="checkbox"/> CA <input type="checkbox"/> Other _____	Issue Date / /	Expiration Date / /	Mother's Maiden Name				
Home Phone ()	Work Phone ()	Cell Phone ()		By providing us with your cell phone number, you are providing us with express consent to contact you at this number, including through the use of an automated dialing system.				
Email								

Please provide the following information to confirm eligibility.

Family Member Name	Relationship	Family Member Account # (Optional)
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Select the products you would like to get your Membership started.

Share Savings¹	Minor	<input checked="" type="checkbox"/> Yes	
ATM Card²	Minor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Parent/legal guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Youth Debit MasterCard³ (\$25 initial deposit)	Minor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Parent/legal guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Free Checking Account⁴ (\$25 initial deposit)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
12-Month College Saver Share Certificate⁵ (\$200 initial deposit)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

- Every Member has a Share Savings account. When you join, you make a \$5 initial deposit into this account to establish your "share" in the Credit Union.
- Requires a parent/legal guardian joint owner. Will be assigned a computer generated Personal Identification Number (PIN).
- Requires the same parent/legal guardian(s) as joint owner(s) on all shares on the account. Minor must be age 13 or older with photo ID. eStatements and eNotices are included with this account.
- Requires a parent/legal guardian joint owner. Cannot be combined with Youth Debit MasterCard. Minor must be age 16 or older with photo ID.
- Requires a parent/legal guardian joint owner.

Please read important information about your account.

Membership Disclosure: I, the account holder, certify that I am eligible and hereby apply for Membership to SchoolsFirst Federal Credit Union. The SchoolsFirst FCU Disclosure & Agreement of Terms and Conditions will be sent to me upon the opening of my account. I agree to be bound by its terms and by the credit union bylaws or any amendments thereof. In addition to my signature below, my use of the account will confirm my agreement. I agree that all the information given to SchoolsFirst FCU is true and correct. I authorize the Credit Union to obtain consumer reports in connection with this account and with any future credit opportunities.

Please read this important information about opening a new account.

Under the USA Patriot Act, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account. Therefore, when you open an account at SchoolsFirst FCU, we will ask for your name, address, date of birth, and other identifying information. We may also ask to see your driver license or other form of identification.

Certification: Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number, and 2. I am not subject to backup withholding due to failure to report all interest and dividends, and 3. I am a U.S. person and 4. I am exempt from FATCA reporting.

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to failure to report interest and dividend income. Cross out Item 3 above and complete a W-8 BEN if you are not a U.S. person. Cross out Item 4 above and complete a W-9 if you are subject to FATCA.

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

Minor's Signature _____ Date _____ / ____ / ____
 If the minor is too young to sign, a parent/legal guardian should sign on their behalf, such as "Susie Smith, a minor, by Mary Smith, parent."

Parent/Legal Guardian Joint Owner's Signature _____ Date _____ / ____ / ____

Checklist

- Fill out this application.
- Sign the application. For non-Member parent/legal guardian, please have your signature notarized and provide a copy of the notary's acknowledgment.
- Include a photocopy of the parent/legal guardian's driver license.
- Enclose a check for \$5 made payable to the minor. (\$5 for initial deposit).
- If age 16 or older and opening a checking account, include an additional \$25 to open the checking account and a copy of the minor's photo identification.
- If age 13 or older and opening a Youth Debit MasterCard card, include an additional \$25 and a copy of the minor's photo identification.
- Mail everything to: **Membership Services, SchoolsFirst FCU, PO Box 11957, Santa Ana, CA 92711-1957**



For more information, please call 800.462.8328, or visit us online at schoolsfirstfcu.org.

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