

Membership Application

Please provide your personal information.				
First Name		Last Name		MI
Social Security #/Tax ID	Date of Birth (MM DD YYYY)	Mother's Maiden (Last) Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F
Home Address (No P.O. Boxes)		City	State	ZIP
Mailing Address (If Different)		City	State	ZIP
Employer		Occupation		
Driver's License #	ID State	ID Issue Date (MM DD YYYY)	ID Expiration Date (MM DD YYYY)	
Email (Personal)	Mobile Phone (123 456 7890)		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.	

Please provide your eligibility information.		
If you are eligible through your occupation, please provide the following information:		
District/School Name	County of Employment	<input type="checkbox"/> Certificated <input type="checkbox"/> Classified
If you are eligible through an immediate family member, please provide the following information:		
Family Member Name	Relationship	Family Member Account # (Optional)

Please provide your account beneficiary information. (Optional)			
Payable on Death (POD)/Trust Account: In the event of my death, I designate the following beneficiary to receive all sums in my account (with the exception of IRA accounts, which have a separate designation of beneficiaries), provided this designation has not been superseded by a subsequent designation or change in account ownership, such as adding a joint owner.			
Beneficiary First Name	Beneficiary Last Name	MI	Date of Birth (MM DD YYYY)

Select the products you would like to get your Membership started.	
Accounts <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Free Checking Card Options <input type="checkbox"/> ATM only <input type="checkbox"/> Debit Mastercard® (Checking Required)	Other Services <input type="checkbox"/> Debit Card Overdraft Protection (Checking Required) <small>See important information about Debit Card Overdraft Protection below.</small> <input type="checkbox"/> \$300 Overdraft Protection Loan (Exclusively For School Employees) <small>See important information about the Overdraft Protection Loan below.</small> <input type="checkbox"/> Summer Saver (Exclusively For School Employees)

Please read this 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. I acknowledge that the SchoolsFirst FCU Disclosures & 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.	
Checking Account: Requires \$25 minimum opening deposit; waived for school employees or when automatic payroll deposit is set up.	
Debit Mastercard Authorization (If Applicable): I authorize the Credit Union to issue a SchoolsFirst FCU Debit Mastercard for this account. In addition to my signature below, my use of the card will confirm my agreement to be bound by the terms and conditions of the Debit Mastercard Disclosure that will be sent to me.	
Overdraft Protection Loan (If Applicable): By taking an advance from my Overdraft Protection Loan, I agree to be bound by the terms and conditions of the Overdraft Protection Disclosure & Security Agreement that will be sent to me. Transaction/Advance Fee: \$0. Late Payment Fee: 5% of the payment due, but not less than \$10. Assessed when a payment is more than 15 days past due. Automatic payment transfer required. Rates and programs subject to change. See page 2 to learn more about overdraft protection.	
Debit Card Overdraft Protection (If Applicable): By opting into Debit Card Overdraft Protection, you acknowledge that you've read and agree to the terms and conditions of the Debit Card Overdraft Protection Disclosure. See page 2.	_____ Initials

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's 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 Foreign Account Tax Compliance Act (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.	

Signature _____

Date _____

- Checklist
1. Fill out this application.

2. Sign the application and have your signature notarized. Provide a copy of the notary's acknowledgment.

3. Enclose a \$5 check or money order made payable to yourself to cover your \$5 initial share deposit to open your Membership. Include an additional \$25 to open a checking account.

4. If you're eligible through your employer, enclose a copy of your most recent pay stub. If you're eligible through an immediate family member, enclose a copy of an official document showing the relationship.

5. Enclose a legible copy of your driver's license.

6. If you're opting in to Debit Card Overdraft Protection, sign and enclose the Debit Card Overdraft Protection Opt-In or Opt-Out Form.

7. Mail everything to: SchoolsFirst FCU, Attn: Membership Development, P.O. Box 11547, Santa Ana, CA 92711-1547

What You Need to Know About SchoolsFirst Federal Credit Union Overdraft Protection and Overdraft Fees

What is overdraft protection?

Overdraft protection refers to when the available balance in an account isn't enough to cover a transaction and SchoolsFirst FCU pays it on your behalf so it's not declined.¹

We offer two types of overdraft protection to prevent your transactions from being declined:

1. Standard overdraft protection that comes with your account.
2. Alternative overdraft protection plans, such as linking to a savings account or an Overdraft Protection Loan.² These options may be less expensive than our standard overdraft protection. To learn more, ask us about these options.

What is covered in the standard overdraft protection that comes with your account?

Standard overdraft protection allows us to potentially authorize and pay overdrafts for:

- Automatic withdrawals.
- Checks.
- Transactions made using your checking account number.

Debit Card Overdraft Protection is also available, but we do not authorize and pay overdrafts for debit cards unless you ask us to. (Opt-in or opt-out information and form below.)

How to add Debit Card Overdraft Protection for debit card transactions:

If you want us to authorize and pay overdrafts on debit card transactions, you must opt in to Debit Card Overdraft Protection by:

1. Logging in to Online or Mobile Banking; or
2. Completing the opt-in form below and bringing it to any branch or mailing it to:
SchoolsFirst FCU, Attn: Payment Operations
P.O. Box 11547, Santa Ana, CA 92711-1547.

You may cancel your authorization (opt out) at any time through the same methods mentioned above.

What fees are charged if SchoolsFirst FCU pays your overdraft?

Under our standard and Debit Card Overdraft Protection practices:

- \$22 fee per transaction.
- Fees are only applied if your account is negative more than \$10 and the transaction is over \$10.³
- Fees are limited to a maximum of three per share, per day.

If you have any questions, please visit our website at schoolsfirstfcu.org/overdraftprotection or contact us at (800) 462-8328.

Debit Card Overdraft Protection Opt-In or Opt-Out Form

____ Opt in: I **want** SchoolsFirst FCU to authorize and pay overdrafts on my debit card transactions.

____ Opt out: I **do not want** SchoolsFirst FCU to authorize and pay overdrafts on my debit card transactions.

Name

Date

Signature

Member Number

Share ID

1. Member must be at least 18 years of age and have an account in good standing. Overdrafts will be paid at our discretion. We reserve the right to revoke overdraft protection privileges at any time without prior notification and deny the payment of any transactions, which could cause the transaction to be declined. **2.** All loans subject to approval. **3. The assessment of overdraft fees for debit card transactions is determined by the "available" balance in your account, as opposed to the "actual" balance. Your account is considered overdrawn when the available balance in your account is negative (less than \$0). Please see your Statement of Fees and Disclosure & Agreement of Terms and Conditions for important additional information.**