

Membership Application

New Member Account #

Select the products you would like to get your Membership started.

Checking Account:* (Please select one)

- Free Checking Investment Checking None

ATM Card: (Please select one)

- Debit Mastercard® ATM only None

Overdraft Protection Option:

- Debit Card Overdraft Protection (Applicable with checking and Debit/ATM card)

Exclusively for School Employees:

- \$300 Overdraft Protection Loan First Box of SchoolsFirst FCU Checks Free

Please print your personal 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.

You are eligible through your occupation. Please enclose a copy of your most recent pay stub to confirm eligibility.

School/District/College/University Name	<input type="checkbox"/> Certificated/Faculty <input type="checkbox"/> Classified/Staff	County of Employment
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You are eligible through an immediate family member.

Family Member Name	Relationship	Family Member Account # (Optional)
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Please print 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 this 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exception of IRA accounts, which have a separate designation of beneficiaries), provided this designation has not been superseded by a subsequent designation or change in account ownership, such as adding a joint owner.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 Name	Relationship	Social Security #/Tax ID	Date of Birth / /
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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 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:** 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: By taking an advance from my Overdraft Protection Loan, I agree to be bound by terms and conditions of the Overdraft Protection Agreement and Disclosure Statement that will be sent to me. Transaction/Advance Fee – \$0, Late Payment Fee 15 days – 5% of payment but not less than \$10. Automatic payment transfer required. **Rates and programs subject to change.**

Debit Card Overdraft Protection: By opting in, you acknowledge that you've read and agree to the terms and conditions of the Debit Card Overdraft Protection (see page 2).

Rates and programs subject to change.

*Checking account requires a minimum opening deposit of \$25; waived for School Employees or when automatic payroll deposit is set up.

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 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.

Member 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. (\$5 initial share deposit). Include an additional \$25 to open a checking account.
4. If you are eligible through your employer, enclose a copy of your most recent pay stub.
5. Enclose a legible copy of your driver license.
6. Mail everything to: Membership Services, SchoolsFirst FCU, PO Box 11957, Santa Ana, CA 92711-1957

SCHOOLSFIRST 
FEDERAL CREDIT UNION

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

Federally Insured by NCUA

What You Need to Know About SchoolsFirst FCU Overdraft Protection and Overdraft Fees

What is overdraft protection?

An overdraft occurs when your account’s available balance is insufficient to cover a transaction, and SchoolsFirst FCU pays the transaction to avoid it being declined.

We offer two types of overdraft protection to protect 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, may be less expensive than our standard overdraft protection. To learn more, ask us about these plans.

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

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

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

Debit Card Overdraft Protection is also available with standard overdraft protection, but we **do not** authorize and pay overdrafts for everyday debit card transactions unless you ask us to. *(Opt-in or opt-out information and form below.)*

Please note, **all overdrafts are paid at our discretion, which means authorization and payment are not guaranteed.** If we do not authorize and pay an overdraft, your transaction will be declined. We reserve the right to revoke overdraft protection privileges at any time without prior notification and deny the payment of any transactions.

What fees will I be charged if SchoolsFirst FCU pays my overdraft?

Under our standard and Debit Card Overdraft Protection practices:

- We will charge a **\$22.00 fee each time we pay an overdraft**
- A fee is charged when the transaction is over \$10 and your account is negative more than \$10
- We limit overdraft fees to a maximum of three (3) overdraft fees per day

How can I add Debit Card Overdraft Protection for everyday debit card transactions to my account?

If you want SchoolsFirst FCU to authorize and pay overdrafts on everyday debit card transactions you must opt-in to our Debit Card Overdraft Protection service.

To opt-in to Debit Card Overdraft Protection:¹

1. Visit Online Banking or Mobile Banking
2. Complete the opt-in option on the form below and submit it at any branch, or mail to:
SchoolsFirst FCU, Attn: Internal Service Center, P.O. Box 11544, Santa Ana, CA 92711-9807

You may revoke this authorization (opt-out) at any time through the same methods mentioned above.

If you have any questions regarding Overdraft Protection,
please visit schoolsfirstfcu.org or call us at 800.462.8328.

Debit Card Overdraft Protection Opt-In or Opt-Out Form¹

____ I **want** (*Opt-in*) SchoolsFirst FCU to authorize and pay overdrafts on my everyday debit card transactions.

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

Member Name

Date

Member Signature

Member Number/Share ID

1. Member must be at least 18 years of age and have an account in good standing.