

Membership Application / Update



Account Membership and Authorization Form

This form must be read in conjunction with the Upward Credit Union Disclosure and Account Agreement and Fee Disclosure. Together, they create legally binding obligations on the Credit Union and the undersigned.

Important Information About 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 that opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

New Account & Membership:

I apply for membership in Upward Credit Union; I understand that I must pay a \$1 lifetime membership fee and open a regular savings account, and that I must maintain a \$25 minimum balance in that account in order to be eligible for other Credit Union services.

I would like the Credit Union to open the following account(s): Savings Checking Account

FOR CREDIT UNION USE ONLY

Account #: _____

Existing Account Updates:

I would like to update my existing Upward Credit Union Account # _____

Open Checking Account Add / Delete Joint Owner Update Beneficiaries Other _____

I would like to apply for a loan

Member's Social Security Number

Name (First, Middle, Last)

Birthdate Driver's License #/State

Home Phone Cell Phone

Street Address

City State Zip

E-mail Address

Occupation

Employer Name Work Phone

Employer Address

City State Zip

Mother's Maiden Name

Joint Owner's Social Security Number

Name (First, Middle, Last)

Birthdate Driver's License #/State

Home Phone Cell Phone

Street Address

City State Zip

E-mail Address

Occupation

Employer Name Work Phone

Employer Address

City State Zip

Mother's Maiden Name

Membership Eligibility:

- Mills-Peninsula Health Services/Affiliates Sequoia Hospital
 Live/Work in San Mateo County Family of Current Member — Relative's Name _____
 Other (Explain Your Eligibility) _____

