## 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.

services.  I would like the Credit Union to	open the follo	wing account(s): 🛭	Savings 🚨 Checking A	Account Account	EDIT UNION USE ON
☐ Existing Account Upd					
I would like to update my exist  Open Checking Account			# <b>]</b> Update Beneficiaries      [	Other	
☐ I would like to apply for a le		e John Owner	- Opdate Beneficialies	<b>-</b> Other	
Member's Social Securit	ty Number		Joint Owner's Socia	al Security Num	ber
Name (First, Middle, Last)			Name (First, Middle, I	_ast)	
Birthdate	Driver's Li	cense #/State	Birthdate	Driver's	License #/State
Home Phone	Cell Phone	9	Home Phone	Cell Pho	ne
Street Address			Street Address		
City	State	Zip	City	State	Zip
E-mail Address			E-mail Address		
Occupation			Occupation		
Employer Name	•	Work Phone	Employer Name		Work Phone
Employer Address			Employer Address		
City	State	Zip	City	State	Zip
Mother's Maiden Name			Mother's Maiden Na	me	
Membership Eligibility:	Γ	☐ Mills-Peninsul	a Health Services/Affi	liates 🛭 Sequoi	a Hospital
☐ Live/Work in San Mate	eo County 「	☐ Family of Cur	rent Member — Relati	ve's Name	
☐ Other (Explain Your El	igibility)				

ame	Relationship	Date of Birth	SSN
ddress	City	State	Zip
ame	Relationship	Date of Birth	SSN
ddress	City	State	Zip
ame	Relationship	Date of Birth	SSN
ddress	City	State	Zip
cknowledge receipt of the Upward Credit Uni d I understand and agree to the terms set for			incorporated herein by refere
cept for the opening of the Individual Retiren ditional signers on this authorization card, the at, if requested, Visa® Debit Cards will be issu- ners and each signer has access to the funds	e account(s) is/are to be opened joint ed to all joint owners. I understand tha	ly in my name and that all funds in a joint a	ne name of the other signer(s account are jointly owned by
nderstand the law permits the Credit Union to sclosure and Account Agreement.	o delay the availability of non-cash ite	ms deposited to my	account(s) as described in th
uthorize the Credit Union to check my credit thorization at any time by notifying the Credi	•		
edit Union is allowed to check my credit in an ertify under penalty of perjury that the Tax I wer received a notice from the Internal Reve yidends or interest withheld. I also certify the is account authorization revokes all prior authorization revokes all prior authorization.	y event if I request or maintain a Cred D/Social Security Number given to the nue Service of under-reporting of div at I am a U.S. person including a U.S. norization regarding this/these accour	lit Union loan or a ch ne Credit Union on the ridends or interest. I resident alien. nt(s). It can only be c	ecking account.  his application is correct. I ha am not now obligated to ha  thanged by giving you anothe
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Beneficiary Information: The following beneficiaries are to receive the proceeds of my accounts at my death. If