



California Adventist Federal Credit Union

1441 E. Chevy Chase Drive, P.O. Box 9513

Glendale, CA 91206

Phone (818) 246 - 7241

Email: [operations@cafcu.net](mailto:operations@cafcu.net)

Website: [www.cafcunet](http://www.cafcunet)

## Consumer Membership Application Requirements:

- **Must be a CA Resident**
- **Completed Membership Application**
- **Photocopy of 2 forms of Identification**
- **Government Issued California State ID** (ex. CA Drivers License, CA Identification Card)
- **Secondary form of ID** (ex: Passport, Social Security Card, Insurance Card, etc.)
- **\$5.00 Membership Opening Fee**
- **Minimum Funds Retention Requirement**
  - **\$50.00** ( if ONLY applying for SAVINGS ACCOUNT)
  - **\$250.00** (if applying for SAVINGS ACCOUNT and ADDITIONAL SERVICES)

*\*\*Note: If California State Issued Identification does not have a current address, please provide documentation showing your current address. (ex: Utility bill, Phone bill, etc.)*

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1441 E. Chevy Chase Drive  
P.O. Box 1109, Glendale, CA 91209  
Phone (818) 246-7241

# Member Services Request

NEW       UPDATE      DATE: \_\_\_\_\_      MEMBER NO: \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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 when opening a new 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.**

## MEMBER/OWNER INFORMATION

Update

Member/Owner Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Listed  Unlisted Email: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

*The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.*

## ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual       Joint Account with Rights of Survivorship       Joint Account without Rights of Survivorship

## JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Joint Owner     UTMA Custodian     Agent     Other Authorized Signer (Describe): \_\_\_\_\_  
 Add     Update     Remove    See Account Authorization Card

Name #1: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Listed  Unlisted Email: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Joint Owner     Agent     Other Authorized Signer (Describe): \_\_\_\_\_  
 Add     Update     Remove    See Account Authorization Card

Name #2: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Listed  Unlisted Email: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

**JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)**

Joint Owner    Agent    Other Authorized Signer (Describe): \_\_\_\_\_  
 Add    Update    Remove   See Account Authorization Card

Name #3: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Listed  Unlisted   Email: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted   Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

**ACCOUNT TYPES**

Share/Savings: \_\_\_\_\_  Add  Remove    Money Market: \_\_\_\_\_  Add  Remove  
 Share Draft/Checking: \_\_\_\_\_  Add  Remove    Other: \_\_\_\_\_  Add  Remove  
 Share Certificate/Certificate: \_\_\_\_\_  Add  Remove    Other: \_\_\_\_\_  Add  Remove

**ACCOUNT SERVICES**

ATM Card: \_\_\_\_\_  Add  Remove    Overdraft Protection    Update  
 Debit Card: \_\_\_\_\_  Add  Remove   Indicate transfer priority:  
 Audio Response: \_\_\_\_\_  Add  Remove   1. \_\_\_\_\_  
 Internet Banking: \_\_\_\_\_  Add  Remove   2. \_\_\_\_\_  
 Mobile Banking: \_\_\_\_\_  Add  Remove   3. \_\_\_\_\_  
 Bill Payment: \_\_\_\_\_  Add  Remove   4. \_\_\_\_\_  
 Other: \_\_\_\_\_  Add  Remove

**ACCOUNT DESIGNATIONS**

Payable on Death (POD)/Trust Account    All Accounts    Designate Specific Accounts: \_\_\_\_\_  
 Add    Update    Remove    Add    Update    Remove  
Beneficiary/POD Payee: \_\_\_\_\_   Beneficiary/POD Payee: \_\_\_\_\_  
SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_   SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street: \_\_\_\_\_   Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_   City/State/Zip: \_\_\_\_\_

**UTMA** \_\_\_\_\_ (as custodian for \_\_\_\_\_ (Minor)  
under the \_\_\_\_\_ Uniform Transfers to Minors Act.) Minor's SSN/TIN: \_\_\_\_\_

**Agency**    All Accounts    Designate Specific Accounts: \_\_\_\_\_  
Name of Agent: \_\_\_\_\_

Signature	Date
<b>X</b>	

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

*Under penalties of perjury, I certify that:*

- (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and*
- (2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- (3) *I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

**Certification Instructions.** Check the box for item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) \_\_\_\_\_   Exemption from FATCA reporting code (if any) \_\_\_\_\_

**AUTHORIZATION**

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

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

Member/Owner	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

**FOR CREDIT UNION USE ONLY**

Date of Membership: \_\_\_\_\_ Opened/Approved By: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

Member Verification: \_\_\_\_\_

Verification List(s) Checked:  OFAC  Other: \_\_\_\_\_

List Verification Completion Date: \_\_\_\_\_ By: \_\_\_\_\_

Reports Checked:  Credit Report  Check Verification Report  Other: \_\_\_\_\_

Overdraft Protection Opt-in Completion Date: \_\_\_\_\_

## VISA DEBIT CARD APPLICATION

Primary Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First M.I.

SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_ Delivery:  Mail  Pick up

Link Card(s) to my:  Checking  Savings

**Basic Requirements and Fees:**

Minimum share balance: \$250.00  
 Annual Fee: \$10.00 (per card)  
 Transactions: 1st 6 Free (Monthly/per card)  
 Each additional transaction: \$0.95  
 Each non-sufficient fund withdrawal: \$25.00  
 Replacement Fee (per card): \$30.00  
 Application is subject to credit verification

***I understand the requirements and fees.  
 If applicable, I authorize additional users.***

Primary Account Holder's Signature  
 Date: \_\_\_\_\_

Provide a Card for Additional Users:  No  Yes, see below:

Additional User 1: \_\_\_\_\_ SSN: \_\_\_\_\_

User 1 DOB: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

\_\_\_\_\_  
 Additional User #1 Signature Date

Additional User 2: \_\_\_\_\_ SSN: \_\_\_\_\_

User 2 DOB: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

\_\_\_\_\_  
 Additional User #2 Signature Date

## CHECKING ACCOUNT APPLICATION

Primary Full Name: \_\_\_\_\_  
Last First M.I.

Joint Full Name: \_\_\_\_\_  
(if applicable) Last First M.I.

To open my Share Draft Checking Account:  New Deposit of \$\_\_\_\_\_.  Internal Transfer of \$\_\_\_\_\_.

## FIRST TIME CHECK ORDER

\*INFORMATION WRITTEN BELOW WILL APPEAR ON CHECKS - ADDRESS ON FILE WILL APPEAR ON CHECKS

Number of Boxes (90 pieces per box):  1  2  4

Phone Number:  No  Yes : (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Include Joint's Name on Checks:  No  Yes

Include Check Register:  No  Yes

Delivery:  Mail to my Address  Pick up at CAFCU

Check Design:

Duplicates or  Singles  
 Personal or  Business  
 Traditional (Blue) or  Personalized  
(Design #: \_\_\_\_\_)

***This information provided is correct and will appear on my checks. I approve the non-refundable cost of this check order to be withdrawn from my account***

\_\_\_\_\_  
 Primary Account Holder's Signature

Date: \_\_\_\_\_

## FOR CREDIT UNION USE ONLY

Acct #: \_\_\_\_\_ Draft ID: \_\_\_\_\_ Check Order Date: \_\_\_\_\_ Opened by: \_\_\_\_\_

Debit Card Acct. #: \_\_\_\_\_ ATM Limit: \_\_\_\_\_ Card Expiration: \_\_\_\_\_

Donor Acct #: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Approved By: \_\_\_\_\_



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CHECKING ACCOUNT AUTOMATIC OVERDRAFT OPT-IN FORM

Full Name: Last First M.I.

Address: Street Address Apartment/Unit #:

City State Zip Code

Birth date: Drivers License #: Social Sec. #: - -

Member Number: Draft ID:

I authorize CAFCU to automatically process Overdrafts and the appropriate fees from my CAFCU account.

I understand the item will be returned and a fee will be assessed

OVERDRAFTS. The Credit Union is under no obligation to pay a share draft which exceeds the balance in the share draft account.

Transfers will be made from share account(s) to cover overdrafts on NSF items. For each overdraft transfer paid a NSF fee will be assessed (fee is subject to change at anytime at CAFCU's discretion)

If there are not sufficient funds in the Share Account(s) the draft will constitute a request from the signature loan overdraft protection account in an amount sufficient to pay the draft. If there are no funds available in the loan account the draft will be returned for Non Sufficient Funds (NSF). If you do not have a signature loan overdraft protection account the draft will be returned for NSF and a fee will be assessed. As a general rule, if a member writes three (3) checks returned for NSF in the first three (3) months a share draft account is open, they will receive a warning letter. If there are three (3) more NSF items in 90 days the account will be closed; California Adventist Federal Credit Union reserves the right to close any account at any time, for unsatisfactory activity, even in advance of this general rule, if it deems it advisable, in its discretion, to protect its accounts or its members.

By signing below you acknowledge and understand your marked decision above relating to Overdrafts and its appropriate fees.

Member's Signature: Date:

Joint's Signature (if Applicable): Date:

(for Office Use Only)

Request Received By: Date Received:



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## Account Authorization Card

MEMBER INFORMATION	
<b>Member/Owner:</b>	<b>Member No:</b>
Street:	
City/State/Zip:	
Home Phone:	Work Phone:
E-mail:	
Type of Entity: <input type="checkbox"/> C Corporation <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Partnership <input type="checkbox"/> Unincorporated Organization <input type="checkbox"/> S Corporation             Select Tax Classification: <input type="checkbox"/> General <input type="checkbox"/> Association/Club <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> C = C Corporation <input type="checkbox"/> Limited <input type="checkbox"/> Trust/Estate <input type="checkbox"/> S = S Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Other: _____ <input type="checkbox"/> P = Partnership	
Other Name(s):	
<input type="checkbox"/> Person(s) authorized to receive account information:	
Is more than one signature required to transact business? <input type="checkbox"/> No <input type="checkbox"/> Yes – How many?	

AUTHORIZED SIGNERS																	
By signing this authorization, each of the signers jointly and severally certifies and agrees that the terms in the "CERTIFICATE OF AUTHORITY" section apply to the Member/Owner listed in the "MEMBER INFORMATION" section. The signers further acknowledge receipt of and agree to the terms of the Membership and Account Agreement, Account Card, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, if applicable, as amended by the Credit Union from time to time.																	
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CERTIFICATE OF AUTHORITY	
<ol style="list-style-type: none"> <li>1. <b>Member/Owner.</b> The Member/Owner name shown in the "MEMBER INFORMATION" section is the complete and correct name of the Member/Owner. If applicable, all registered assumed names under which the Member/Owner does business are shown. Each corporate officer, partner or trustee, whichever is applicable, warrants that the corporation, partnership, or living trust has been duly formed and is currently existing.</li> <li>2. <b>Authorized Signers.</b> The officers, authorized agents, or trustees, as applicable, signing in the "AUTHORIZED SIGNERS" section (Signers) presently occupy the positions shown and are authorized to transact business on behalf of the Member/Owner. Each Signer agrees to notify the Credit Union in writing of any change in authority. The Credit Union may request any other evidence of Signer's authority at any time.</li> <li>3. <b>Authority.</b> <ol style="list-style-type: none"> <li>a. Each Signer certifies and agrees that the Member/Owner's accounts will be governed by the terms set forth in the Membership and Account Agreement and Account Card, as amended from time to time.</li> <li>b. The Credit Union is directed to accept and pay without further inquiry any item, bearing the appropriate number of signatures as indicated in the "AUTHORIZED SIGNERS" section, drawn against any of the Member/Owner's accounts. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Member/Owner for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transaction under the agreement.</li> <li>c. The authority given to the Authorized Signers and Persons Authorized to Receive Account Information shall remain in full force until written notice of revocation is delivered to and received by the Credit Union at each location where an account is maintained. Any such notice shall not affect any items in process at the time notice is given. An authorized officer, trustee, or agent of the Member/Owner will notify the Credit Union of any change in the Member/Owner's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Member/Owner and the Credit Union before any such change occurs. The Credit Union shall have no duty to inquire as to the powers and duties of any Signer and shall have no notice of any breach of fiduciary duties by any Signer unless the Credit Union has actual notice of wrongdoing.</li> <li>d. The Persons Authorized to Receive Account Information, if applicable, are authorized to receive from the Credit Union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account.</li> </ol> </li> <li>4. <b>Liability.</b> Member/Owner and each Signer agree to indemnify and hold the Credit Union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which the Credit Union relies prior to notice of any account change or change of Member/Owner. The Member/Owner agrees that the Credit Union shall not be liable for any losses due to the Member/Owner's failure to notify the Credit Union of such changes.</li> </ol>	

FOR CREDIT UNION USE ONLY	
Effective Date:	Opened/App'd by: _____
Reviewed Documentation:	Member Verification: _____
Copies Obtained: <input type="checkbox"/> Corporate Resolution <input type="checkbox"/> Certificate/Affidavit of Trust <input type="checkbox"/> Partnership Agreement	<input type="checkbox"/> See Account Card
<input type="checkbox"/> Other:	