

Guiding you to better banking

NEW MEMBERSHIP

IMPORTANT INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. Member's social security # will be used for tax reporting and is required to open an account with us. A savings account with a minimum balance of \$5.00 is required for membership.

Personal Information						
Name		Social Security/TIN #				
Primary Phone	Work Phone	Birthdate				
Driver's License #	Exp. Date	DL State Issued Mother's Maiden Name				
Physical Address (No PO Box)		City	State	ZIP		
Mailing Address (if different)		City	State	ZIP		
E-mail	(Occupation/retired from				
Eligibility (select one)						
\Box Live in Humboldt, Del Norte, or	Γrinity County					
☐ Work in Humboldt, Del Norte, or	Trinity County	Address		City/State/Zip		
☐ Worship in Humboldt, Del Norte	or Trinity County	Audiess	City	Only out of Lip		
☐ Humboldt State University Found			City			
☐ Family Member						
How did you hear abo						
☐ Friend ☐ Work ☐ School ☐	Mailer ☐ Found Online ☐ Ne	wspaper ☐ Radio ☐ TV ☐ Eve	nt 🗆 Other			
Signatures and Certifi	cations					
By signing below, I certify under form is my correct TIN, and (2) I a "Exempt" after my TIN on the TIN withholding as a result of a failur withholding. I am a U.S. person (nm not subject to backup with I blank), or (b) I have not been e to report all interest or divid	holding because: (a) I am exemp notified by the Internal Revenue lends, or (c) the IRS has informed	t from backup withhold Service (IRS) that I am	ling (and have written subject to backup		
By signing below, the undersigned account, as amended from time to the preparation of a credit report by a cuthat the Terms and Conditions on the significant contents of	ime; and authorizes the credit uredit reporting agency. The unde	nion to verify credit and employmer ersigned certifies that the information	nt history by any necessa n provided on this Applic	ary means, including		
The Internal Revenue Service downwithholding.	es not require your consent to	any provision of this document	other than certification	s required to avoid backup		
Signature and Certification X			Date			
				Federally Insured by NCUA		

This area for credit union use only.

Date

Date

4-2018

MEMBERSHIP #

Opened By ___ Approved By _



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ACCOUNT AGREEMENT

Member's Name		Member #				
☐ Savings (required for membership)	☐ Secondary Savings	☐ Term Share Certific	cate - Term:			
☐ Checking Account ☐	Issue checks (First box free)	☐ Savings Overdraft	Protection	LOC Overdra	aft Protection (loan approval required	
Joint Signer(s)						
Name			Social Security/TIN#			
Primary Phone						
Driver's License #						
Physical Address (No PO Box)						
Mailing Address (if different)		•				
E-mail						
Name			Social Security/TIN #			
Primary Phone	Work Phone		Birthdate _			
Driver's License #	Exp. Date	DL State Issued	Mother's Maide	n Name		
Physical Address (No PO Box)		City		_ State	ZIP	
Mailing Address (if different)						
E-mail	(Occupation/retired from				
using the card, I/we acknowledge receipt of and a 4. Security Interest. I/We acknowledge and agr single party accounts, as described in the Terms 5. Overdraft Protection. Subject to the provision Compass CCU to make a transfer from my savin 6. POD (Payable on Death). I/We agree that the I/We understand that an attorney should be consagreement for any particular purpose. Designation of Transfe	ee that, as condition for the issuance of a and Conditions, in which we have interes s of the Terms and Conditions, if any acti gs or line of credit (subject to application/a e person(s) named below is/are designate ulted regarding the validity of any person'	Compass CCU ATM/Debit card, I// t. on is taken with regard to my/our clapproval). d as POD payee(s). On the death s survivorship rights to any funds in	we grant Compass CCU as necking account results in the of the last of us to survive,	ecurity interest in a secount becoming ownership of the a	the shares and deposits in all joint and ing overdrawn, I/we authorize account passes to the POD payee(s).	
Beneficiary #1:	F	-mail		Phone		
Address (No PO Box)						
Beneficiary #2:		•				
Address (No PO Box)						
For additional Beneficiaries, complete another Ad		Ony		<u></u>		
Signatures						
By signing below, the undersigned has any approved account, as amended fro preparation of a credit report by a cred terms on the Application apply to all ac disclosures and the Terms and Conditi	m time to time; and authorizes th it reporting agency. The undersig counts held by the undersigned a	e credit union to verify cred ned certifies that the inform at this credit union. By signi	it and employment his ation provided on this	tory by any ne Application is	cessary means, including true and correct, and that the	
1. Member			Date		ee ATM/Debit card	
2. Joint Signer						
3. Joint Signer					ee ATM/Debit card	

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Opened By _____ Date ____ Disclosures Fee Schedule

Approved By _____ Date ____ 4-2018