



P.O. Box 1268, Eureka, CA 95502-1268
 707-443-8662 • 800-440-8662
 info@compassccu.org

MEMBERSHIP APPLICATION & AGREEMENT

Member Account #:

In this application, the use of the words "You" and "Your" refer to the applicant, and the words "We," "Us," "Our," and "Credit Union" refer to Compass Community Credit Union.

Account Type(s): Savings Secondary Savings Holiday Club Savings Basic Checking
 Directional Checking Share Certificate; _____ (term) IRA Share Certificate; _____ (term)

Account Ownership: Individual Joint with Right of Survivorship POD

Membership Eligibility (indicate eligibility)

Compass is a community-based credit union, exclusively serving: persons who live, work, worship, or attend school in Humboldt County, Del Norte County, or Trinity County, California; businesses located within Humboldt County, Del Norte County, or Trinity County, California; employees of the Credit Union; members of the immediate family or household of any of the foregoing; and organizations of such persons.

Live Work/Employer Worship Cal Poly Humboldt State University Foundation (student, faculty or staff)

Family _____
 Name of Family Member Relationship

Primary Member Information Other Specify: _____ Are You a Non-Resident Alien? Yes No

Social Security Number	Name		
Physical Address	City	State	Zip
Mailing Address (if different than above)	City	State	Zip
Home Phone	Business Phone	Cell Phone	E-Mail Address
			Birth Date
Mother's Maiden Name	Driver's License Number/State/Issue Date/Exp. Date	Employer/Occupation	

Signer 2 Information Joint Owner Custodian Other Specify: _____ Are You a Non-Resident Alien? Yes No

Social Security Number	Name		
Physical Address	City	State	Zip
Mailing Address (if different than above)	City	State	Zip
Home Phone	Business Phone	Cell Phone	E-Mail Address
			Birth Date
Mother's Maiden Name	Driver's License Number/State/Issue Date/Exp. Date	Employer/Occupation	

Signer 3 Information Joint Owner Other Specify: _____ Are You a Non-Resident Alien? Yes No

Social Security Number	Name		
Physical Address	City	State	Zip
Mailing Address (if different than above)	City	State	Zip
Home Phone	Business Phone	Cell Phone	E-Mail Address
			Birth Date
Mother's Maiden Name	Driver's License Number/State/Issue Date/Exp. Date	Employer/Occupation	

Payable-On-Death Account Beneficiary Designation

In the event of Your death, You hereby designate the following beneficiary(ies).

Name _____ Address _____ SSN _____ % _____

Name _____ Address _____ SSN _____ % _____

VISA Debit Card

You are requesting the convenience of 24-hour access to Your Credit Union Account in conjunction with a Personal Identification Number (PIN) or Access Code. Your VISA Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your checking account.

VISA Debit Card: Primary Member Signer 2 Signer 3

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number.

Signatures

You warrant the truth of the above information and You realize it will be relied upon by Us in deciding whether or not to open the Account applied for. Numbers, phrases or words preceded by a are applicable only if the is marked, e.g. . By signing below, You agree to be bound by the terms and conditions found within the Agreements and Disclosures. You acknowledge receiving a copy of those Agreements and Disclosures related to Your Account(s) and You agree to the terms and conditions found therein. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. You hereby authorize Us, Our employees and agents to investigate, verify and update at any time (both now and in the future) any information provided by You to Us. You further authorize any person, association, firm, corporation or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing this Account, You may also from time to time request additional Accounts and/or Account Services to be established on Your behalf. Your signature below is Your continuing authorization for the Credit Union to follow Your written or verbal instructions to do so, and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts. You acknowledge and agree that it is Your intention that this application govern all future Accounts opened under the same ownership as established for this Account.

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

Applicants (Primary Member) Signature	Date	Signer #2 Signature	Date	Signer #3 Signature	Date
---------------------------------------	------	---------------------	------	---------------------	------