



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 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)

[] Live in Humboldt, Del Norte, or Trinity County
[] Work in Humboldt, Del Norte, or Trinity County Name _____ Address _____ City/State/Zip _____
[] Worship in Humboldt, Del Norte, or Trinity County Name _____ City _____
[] Humboldt State University Foundation, student, faculty or staff
[] Family Member Name _____

How did you hear about us? (select one)

[] Friend [] Work [] School [] Mailer [] Found Online [] Newspaper [] Radio [] TV [] Event [] Other _____

Signatures and Certifications

By signing below, I certify under penalties of perjury that (1) the Taxpayer Identification Number (TIN)/Social Security Number shown on this form is my correct TIN, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding (and have written "Exempt" after my TIN on the TIN blank), 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 informed me that I am no longer subject to backup withholding. I am a U.S. person (including a U.S. resident alien).

By signing below, the undersigned has applied for membership in the credit union; agrees to its by-laws and the Terms and Conditions of any approved account, as amended from time to time; and authorizes the credit union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certifies that the information provided on this Application is true and correct, and that the Terms and Conditions on the Application apply to all accounts held by the undersigned at this credit union.

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

Signature and Certification X _____ Date _____

Federally Insured by NCUA

This area for credit union use only.
MEMBERSHIP # _____
Verified By _____ Date _____ [] ID/Address [] OFAC
Audit By _____ Date _____
6-2019



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ACCOUNT AGREEMENT

Member's Name _____ Member # _____

- Account type options: Savings, Secondary Savings, Term Share Certificate, Enroll in e-Statements, Directional Checking Account, Secondary Basic Checking, Issue checks, Savings Overdraft Protection, Line of Credit Overdraft Protection.

Joint Signer(s)

Joint Signer #1 Name _____ Social Security/TIN # _____
Primary Phone (_____) _____ Work Phone (_____) _____ Birth Date _____
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 _____

Joint Signer #2 Name _____ Social Security/TIN # _____
Primary Phone (_____) _____ Work Phone (_____) _____ Birth Date _____
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 _____

Agreement and Authorization, Terms and Conditions

- 1. I/We request that Compass CCU open the account(s) or make the change(s) described above. I/We acknowledge receipt of Notice of Negative Information, Fee Schedule, and the "Important Account Information For Our Members," which includes the following disclosures: Privacy, Terms and Conditions, Electronic Funds Transfers, Funds Availability and Truth-in-Savings.
2. Credit History. I/We authorize Compass CCU to check my/our credit and employment history, to obtain credit reports, and to answer questions about my/our credit experience with Compass CCU.
3. ATM/Debit Card. If I/we have placed a check-mark in the box next to "ATM/Debit card" by our signature(s) below, I/we apply for and request Compass CCU issue the card.
4. Security Interest. I/We acknowledge and agree that, as condition for the issuance of a Compass CCU ATM/Debit card, I/we grant Compass CCU a security interest in the shares and deposits in all joint and single party accounts, as described in the Terms and Conditions, in which we have interest.
5. Overdraft Protection. Subject to the provisions of the Terms and Conditions, if any action is taken with regard to my/our checking account results in the account becoming overdrawn, I/we authorize Compass CCU to make a transfer from my savings or line of credit (subject to application/approval).
6. POD (Payable on Death). I/We agree that the person(s) named below is/are designated as POD payee(s). On the death of the last of us to survive, ownership of the account passes to the POD payee(s). I/We understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in the account, the validity of any POD designation, or the fitness of this account or agreement for any particular purpose.

Designation of Transfer on Death Beneficiary

Beneficiary #1: _____ Birth Date _____ E-mail _____ Phone (____) _____
Address (No PO Box) _____ City _____ State _____ ZIP _____
Beneficiary #2: _____ Birth Date _____ E-mail _____ Phone (____) _____
Address (No PO Box) _____ City _____ State _____ ZIP _____

For additional Beneficiaries, complete another Account Agreement form.

Signatures

By signing below, the undersigned has applied for the accounts & services listed above with the credit union; agrees to its by-laws and the Terms and Conditions of any approved account, as amended from time to time; and authorizes the credit union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certifies that the information provided on this Application is true and correct, and that the terms on the Application apply to all accounts held by the undersigned at this credit union. By signing below, the undersigned acknowledges receipt of the named disclosures and the Terms and Conditions that apply to any approved account.
Directional Checking Account. If you select "Directional Checking" above, you acknowledge monthly direct deposit, enrollment in online banking with e-statements and a minimum of 10 debit card transactions (ATM transactions not included) are required. If all requirements are met, you will earn the corresponding APY listed on our website based on your average daily checking account balance. There is a Grace Period for the month in which you open your account. The requirements will not be enforced until the following month. Dividends are compounded monthly based on your average daily balance and correspond to the entire average daily balance. After the first month, if you do not meet the requirements, you will earn the Tier 1 APY. Visit Compassccu.org for current rates.

- 1. Member _____ Date _____ [] Free ATM/Debit card
2. Joint Signer #1 _____ Date _____ [] Free ATM/Debit card
3. Joint Signer #2 _____ Date _____ [] Free ATM/Debit card

This area for credit union use only.
Account Opened By _____ Date _____ [] Disclosures [] Fee Schedule
Verified By _____ Date _____ Joint #1 [] ID/Address [] OFAC Joint #2 [] ID/Address [] OFAC [] Beneficiary #1 OFAC [] Beneficiary #2 OFAC
Audit By _____ Date _____ 3-2020