

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 S	Security/TIN #	
Primary Phone ()	Work Phone ()	Birthdate/_	
Driver's License #	Exp. Date	DL State Issued M	other'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)				
\square Live in Humboldt, Del Norte, or Trir	nity County			
☐ Work in Humboldt, Del Norte, or Tr	inity County	Address		City/State/Zip
$\hfill \square$ Worship in Humboldt, Del Norte, or	Trinity County	City		оку, ошколдр
☐ Humboldt State University Foundat		Gity		
☐ Family Member				
How did you hear about ☐ Friend ☐ Work ☐ School ☐ M	,	Jewsnaper □ Radio □ TV □ F	vent 🗆 Other	
		Newspaper - Nadio - IV - E	vent 🗆 Other	
Signatures and Certifica	itions			
By signing below, I certify under per form is my correct TIN, and (2) I am "Exempt" after my TIN on the TIN bl withholding as a result of a failure to withholding. I am a U.S. person (inc	not subject to backup with ank), or (b) I have not been b report all interest or divide	nholding because: (a) I am exem n notified by the Internal Revenu dends, or (c) the IRS has informe	pt from backup withhold ue Service (IRS) that I am	ing (and have written subject to backup
By signing below, the undersigned has account, as amended from time to time preparation of a credit report by a credit that the Terms and Conditions on the A	e; and authorizes the credit unit reporting agency. The und	union to verify credit and employmersigned certifies that the informati	ent history by any necessa ion provided on this Application	ry means, including
The Internal Revenue Service does withholding.	not require your consent t	o any provision of this documen	nt other than certification	s required to avoid backup
Signature and Certification X			Date	
				Federally Insured by NCUA

This area for credit union use only.

MEMBERSHIP #____

____ Date _____ ☐ ID/Address ☐ OFAC



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ACCOUNT AGREEMENT

☐ Savings (required for membership) ☐ Seco		Share Certificate - Term:		
	ondary Savings ⊔ Term S			
☐ Directional Checking Account ☐ S	econdary Basic Checking	□ Issue checks □ Savings O	verdraft Protection □ Line of Cred	dit Overdraft Protection (approval
loint Signer(s)				
oint Signer #1 Name				
Primary Phone ()	Work Phone ()	Birth Date	
Priver's License #	Exp. Date	DL State Issued	Mother's Maiden Name _	· · · · · · · · · · · · · · · · · · ·
hysical Address (No PO Box)				
lailing Address (if different)		City	State _	ZIP
-mail		Occupation/retired from		
oint Signer #2 Name			Social Security/	TIN #
Primary Phone ()	Work Phone ()	Birth Date	
Priver's License #				
Physical Address (No PO Box)		City	State	ZIP
Mailing Address (if different)		City	State	ZIP
E-mail		Occupation/retired from		
I/We request that Compass CCU open the accour formation For Our Members," which includes the fol corporated herein by reference and by which this are e Credit Union and its Board of Directors now in effect on the consulted regarding the validity of any pers Credit History. I/We authorize Compass CCU to c ATM/Debit Card. If I/we have placed a check-maring the card, I/we acknowledge receipt of and agree Security Interest. I/We acknowledge and agree the regle party accounts, as described in the Terms and Overdraft Protection. Subject to the provisions of	nt(s) or make the change(s) describe lowing disclosures: Privacy, Terms scount is governed. I/We acknowled ect and as amended or adopted here son's survivorship rights to any funds sheck my/our credit and employment k in the box next to "ATM/Debit card e to be bound by the Credit Union's I nat, as condition for the issuance of a I Conditions, in which we have inter the Terms and Conditions, if any a	ed above. I/We acknowledge receip and Conditions, Electronic Funds Tr ge and agree that all accounts at Co eafter. Multiple signatures indicate the in this account or the fitness of the history, to obtain credit reports, and "by our signature(s) below, I/we app Electronic Funds Transfer Agreemer a Compass CCU ATM/Debit card, I/vest. ction is taken with regard to my/our	ansfers, Funds Availability and Truth-in- ompass CCU are subject to any and all ri- nis is a joint account with Right of Survivo account or agreement for any particular in to answer questions about my/our credit ply for and request Compass CCU issue in thand Disclosures which govern the use we grant Compass CCU a security intere	Savings. These disclosures are ules, regulations, bylaws and policies orship. I/We understand that an attorr purpose. t experience with Compass CCU. the card. If a card is issued to me/us, of the card(s). est in the shares and deposits in all join
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