



People's Federal Credit Union, a division of Self-Help Federal Credit Union ("Credit Union")

ACCOUNT # \_\_\_\_\_

**MEMBERSHIP IDENTIFICATION REQUIREMENTS**

The following documentation and information is required of any person listed on this application as an account holder.

- Name
- Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), or other government-issued ID number acceptable to the Credit Union
- Date of birth
- Evidence of physical address
- Copy of a valid driver license, passport, or other government-issued ID card acceptable to the Credit Union

**Designation of Account Holder(s)**

Individual

Joint with survivorship\*

Custodian/Power of Attorney

Joint without survivorship

POD Trust

**\*Right of Survivorship**

We understand that by establishing a joint account under this provision that: (1) any one person named as joint owner in the account may make or direct a withdrawal from the account unless we direct that withdrawals require more than one signature; and (2) if we elect to create the right of survivorship in the account, that upon death of the one joint owner the money remaining in the account will not pass by inheritance to heirs of the deceased owner's will, but will belong to the surviving joint owner(s). We do elect to create the right of survivorship in this account.

If you are opening a Custodial, Power of Attorney, or Payable on Death Trust account you also must complete a separate form. These forms are available on the Credit Union website at [www.self-helpfederalCU.org](http://www.self-helpfederalCU.org)

**PRIMARY MEMBER INFORMATION**

Member Name \_\_\_\_\_ (Print)  
First Middle Last

SSN/ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (mobile) \_\_\_\_\_

Phone (work) \_\_\_\_\_ Email Address \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_ (Also submit a photocopy of your license)

Contact Person in Case of Emergency \_\_\_\_\_ Phone \_\_\_\_\_

**JOINT ACCOUNT HOLDER INFORMATION (if applicable)**

Member Name \_\_\_\_\_ (Print)  
First Middle Last

SSN/ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (mobile) \_\_\_\_\_

Phone (work) \_\_\_\_\_ Email Address \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_ (Also submit a photocopy of your license)

Contact Person in Case of Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Indicate which account(s) are to be jointly held:  All, or  Only the following: \_\_\_\_\_



**TOTAL AMOUNT OF DEPOSIT** \$ \_\_\_\_\_

Include the membership deposit along with your account deposit or the Credit Union will deduct the amount from your account deposit.

**ACCOUNT SELECTION**

**SAVINGS**

No minimum balance to earn dividends with these accounts

**Regular Savings Account** Amount \$ \_\_\_\_\_

**Youth Savings Account** Amount \$ \_\_\_\_\_

**Holiday Club Account** Amount \$ \_\_\_\_\_

**CHECKING**

You must maintain a minimum balance of \$100 or more to earn a dividend on this account

**Checkless Checking** Amount \$ \_\_\_\_\_

An ATM Access Account Card is automatically issued with this account

( ) Check here to request additional ATM Access card for joint account holder(s) **(optional)** Quantity \_\_\_\_\_

**TERM CERTIFICATE ACCOUNT**

\$500 minimum deposit to open each certificate

Term choice options (in months): 3 – 6 – 12 – 24 – 36 – 48 – 60

**Term Certificate** Amount \$ \_\_\_\_\_ Term \_\_\_\_\_

**Term Certificate** Amount \$ \_\_\_\_\_ Term \_\_\_\_\_

( ) Check here if you are opening an **Economic Development Deposit** term certificate. The dividend rate of the EDD term certificate will be set at or below the savings account rate.

**OPTIONAL:** Instead of remaining with the balance, indicate whether you prefer your certificate earnings (dividend) paid by check or deposited into your designated Credit Union savings account. Please indicate whether you want the dividend check or dividend deposit issued on a monthly or quarterly basis. To open more than two term certificates at this time, please include an additional page.

( ) Issue Check ( ) Monthly ( ) Quarterly  
( ) Deposit certificate dividends into the following People's FCU savings account \_\_\_\_\_ ( ) Monthly ( ) Quarterly

Browse the People's Federal Credit Union website to view membership and account disclosures

Member deposit accounts are federally insured up to \$250,000 by the National Credit Union Administration



1432 7th Street, Oakland, CA 94607  
Phone: 510- 267-0450 • Fax: 510- 267-0452  
www.peoplesfederalcu.org





**MEMBERSHIP ELIGIBILITY & MEMBERSHIP FEE**

Membership in People's Federal Credit Union is open to anyone who lives, works, worships, or attends school in the Oakland Flatlands geographic region of the California bay area, and their immediate family members regardless of where the family members live. Membership is also open to businesses in the abovementioned People's Federal Credit Union geographic service area, or to any person (or institution) who (which) is, or becomes, a member of the Center for Community Self-Help.

**Check Mark the Appropriate Membership Eligibility Status**

- ( ) **Oakland, CA Flatlands geographic area** (Live, work, worship in Oakland, CA Flatlands-- \$25 membership deposit)
- ( ) **Center for Community Self-Help membership** (New members pay a \$25 membership fee applied as a non-refundable \$20 tax-deductible membership contribution to the Center for Community Self-Help and a \$5 membership share in People's FCU. Existing members of CCSH (or Self-Help Credit Union) need only pay a \$5 membership share to join People's FCU.)

**AGREEMENT AND AUTHORIZATION SIGNATURES & BACKUP WITHHOLDING CERTIFICATION**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures, Funds Availability Policy, Electronic Funds Transfer Agreement, Privacy Notice Disclosure, and Rate and Fee Schedules; and to any amendments the Credit Union makes from time to time, which are incorporated herein. Additionally, I/we specifically consent and agree that the Credit Union may provide the abovementioned legally required disclosures electronically on the Credit Union website, or in writing, or both.

Under penalty of perjury, I certify that (1) my Social Security Number or Individual Taxpayer Identification Number shown on this form, and given for this/these account(s), if applicable, is my correct Taxpayer Identification Number, and that (2) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or because the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding. Cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Initial this section if you cross out item 2.

Yes, I want to open my People's Federal Credit Union account(s), and become a member of People's Federal Credit Union, a division of Self-Help Federal Credit Union, if I am not already a member. I hereby authorize the Credit Union to open the account(s).

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Primary Account Holder)

Joint account holder(s), Custodians, Power of Attorney designees, and Payable on Death trust beneficiaries sign and date below:

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Signing this document authorizes the Credit Union to run a credit check on any signers and any account holders whose names appear on this application.

**FACT ACT**

If you have a loan with the Credit Union, we may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

<u>How Did You Hear About the Credit Union?</u>			
<u>Source</u>	<u>Identify by Name</u>	<u>Source</u>	<u>Identify by Name</u>
Friend/Family	_____	Conference	_____
Community Referral	_____	Place of Employment	_____
Mailing/Publication	_____	Other (specify)	_____

**OFAC Screening**

Credit Union personnel must complete this screening before opening the account, and initial here \_\_\_\_\_

*For Credit Union Use Only*

