



PO Box 5760  
Vacaville, CA 95696

FINANCIAL FCU

## MEMBERSHIP APPLICATION AND ACCOUNT AGREEMENT

## ACCOUNT AGREEMENT

Print, complete, and return your application along with \$50 check for your opening deposit to our local Befit Branch or mail to Befit Financial FCU, P.O. Box 8760 Vacaville, CA 95696

A \$50 deposit is enclosed to open my Share (Savings) Account and join the Befit Family

Eligibility for Membership:  Employer \_\_\_\_\_

I am related to a member: Name \_\_\_\_\_ Relationship \_\_\_\_\_

I am a healthcare professional in \_\_\_\_\_ county.

Choose a 4 (or more) character passcode: \_\_\_\_\_

### Member Information

_____ Name ( Last - First - Middle)	_____ Tax ID/ SSN	_____ Date of Birth
_____ Mailing Address	_____ Driver's License No.	_____ Mother's Maiden Name
_____ City, State, Zip Code	_____ Home Phone	_____ Cell Phone
_____ Physical Address/ City, State, Zip Code (if different than above)	_____ Work Phone	_____ Extension
_____ Employer	_____ City	_____ County
_____ Position	_____ Start Date	_____ Email Address

### Joint Owner Information

_____ Name ( Last - First - Middle)	_____ Tax ID/ SSN	_____ Date of Birth
_____ Mailing Address	_____ City, State, Zip Code	_____ Driver's License No
_____ Employer	_____ Position	_____ Start Date
_____ Home Phone	_____ Cell Phone	_____ Work Phone
_____ Mother's Maiden Name		

### Beneficiaries

_____ Beneficiary Name	_____ Date of Birth	_____ Relationship	_____ Percentage
_____ Address	_____ Tax ID/ SSN	_____ City, State, Zip Code	
_____ Beneficiary Name	_____ Date of Birth	_____ Relationship	_____ Percentage
_____ Address	_____ Tax ID/ SSN	_____ City, State, Zip Code	

### Additional Services:

#### For all accounts:

Yes! I want to enroll in Online Banking. (Contact a Member Service Representative to get your log-in info.)

#### Overdraft Privilege (for debit cards):

Yes! I want Befit to authorize and pay overdrafts on my everyday debit card transactions.

I understand I will be charged an Overdraft fee each time an overdraft is paid.

#### For checking accounts:

Yes! I would like to open a Befit Checking Account.

Yes! Send me a Visa® debit card.

I hereby make application for membership in and agree to conform to the Policies, Procedures, and Practices, as amended, of Befit Financial Federal Credit Union.

- I certify that I am within the field of membership of Befit Financial FCU and the information provided in this application is correct.
- I / We authorize Befit Financial Federal Credit Union to obtain consumer credit reports on each owner / joint owner.
- I /We have received and agree to be bound to the terms and conditions of the Truth in Savings Account Agreement and Disclosure provided in the "About Your Credit Union Accounts" Brochure, and any amendments thereto.
- I/We understand in accordance with California's Unclaimed Property Law, C.C.P. 1500, § et seq., any funds held by the Credit Union (including, without limitation, funds in a share, share draft, certificate, or other account, sums for the payment of a teller's check, etc.) may be transferred to the Unclaimed Property Division of the California State Controller's Office if no activity occurs in the account within the time period specified by state law.
- This account agreement revokes all prior agreements regarding this account. Any person who signs this agreement may deposit or withdraw any amount in the account.
- I hereby pledge these shares against any amounts owed.
- I understand that although my ability to join the Credit Union may be based upon my place of employment, Credit Union services are not employment "benefits" and may be withheld based upon Credit Union Policies, Procedures, and Practices.
- I / We certify under penalty of perjury that (1) the Taxpayer's I.D. / Social Security Numbers above are correct, and (2) that I/we am/are NOT, unless noted below, subject to backup withholding because (a) I am exempt, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding.

I am not a U.S. citizen or resident.

_____ Member Signature	_____ Date
_____ Joint Owner Signature 2	_____ Date
_____ Joint Owner Signature 3	_____ Date

### FOR CREDIT UNION USE ONLY

Notes:

Scanned By:

Date:

707-557-8900

707-359-4290

info@bffcu.org