



PO Box 5760
Vacaville, CA 95696

MEMBERSHIP APPLICATION AND ACCOUNT AGREEMENT

Yes! I would like to open a Befit:

Savings Account

Checking Account

Visa® Debit Card

Eligibility for Membership: Employer _____

I am a healthcare professional in _____ county.

I am related to a member: Name _____ Relationship _____

What is the purpose of opening the Account?	Will you be utilizing our Loan Services?
Will you be utilizing our Wire Services?	What is your Annual Income? \$
Will you be conducting any foreign bank transaction?	Will you be utilizing our Financial Planning Services?

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

Email Address

Employer

City

County

Position

Start Date

Joint Owner #1 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

Email Address

Employer

City

County

Position

Start Date

Joint Owner #2 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

Email Address

Employer

City

County

Position

Start Date

Beneficiaries

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

Additional Information:

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:

Federally insured by NCUA.

Date:

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