



**Matadors
Community
Credit Union**

P.O. Box 1052 • Northridge, CA 91328



Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government.
National Credit Union Administration (NCUA), a U.S. Government Agency

MEMBERSHIP APPLICATION

To open a Savings Account, complete this section: (Please print clearly in ink only)

ACCOUNT NUMBER

1. PRIMARY MEMBER'S INFORMATION				2. JOINT OWNER'S INFORMATION			
Name				Name			
Street		City		Street		City	
State	Zip Code	Birth Date		State	Zip Code	Birth Date	
Tax Payer ID (SS#)		Home Phone ()		Tax Payer ID (SS#)		Home Phone ()	
Employed By		Work Phone ()		Employed By		Work Phone ()	
Occupation		Secondary ID Type		Occupation		Secondary ID Type	
Primary ID Type		Secondary ID #		Primary ID Type		Secondary ID #	
Primary ID #		Secret ID Code		Primary ID #		Secret ID Code	
Mother's Maiden Name		e-mail		Mother's Maiden Name		e-mail	

I hereby make application for membership in Matadors Community Credit Union. I/we agree to conform to its bylaws and amendments thereof. In applying for membership with the Matadors Community Credit Union I/we understand that it is the practice of the credit union to obtain credit history reports from a credit reporting agency as part of the application process; in addition, as new services are applied for or offered in association with this membership, the credit union may obtain additional credit verifications. I/we agree and consent to all such credit history verifications as a necessary part of being considered for membership and those services. I/we agree that the amounts in this account may be applied against any present or future overdrawn account or delinquent loan of either the primary member or joint owner. By signing this application, I/we confirm that I/we have received the required Truth-in-Savings Disclosure & Agreement, Electronic Services Disclosure & Agreement, Schedule of Fees, and Rate Sheet.

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

1. _____ DATE _____ 2. _____ DATE _____
PRIMARY OWNER'S SIGNATURE (MEMBER) JOINT OWNER'S SIGNATURE

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION Under penalties of perjury, I certify that: (1) The number shown on this form is my correct tax payer identification number; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject backup withholdings 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, and (3) I am a U.S. person (including a U.S. resident alien).

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

3. MEMBERSHIP ELIGIBILITY (please check one):

☐ CSUN Student ☐ CSUN Faculty/Staff ☐ Community ☐ CSUN Alumni Association ☐ Member of CSUN Arts Council ☐ Eligible through Family Member
☐ Other: _____

4. TO OPEN A CHECKING ACCOUNT, PLEASE COMPLETE:

✓ Choose a checking plan: ☐ Free Checking ☐ Premium ☐ Fresh Start ☐ Other _____

5. FOR OVERDRAFT PROTECTION, PLEASE COMPLETE:

Please set up my checking overdraft in the following order: (indicate by #1 and #2). If you do not want to overdraft from a certain suffix please indicate with n/a.

_____ Revolving Line of Credit _____ Savings

I/we understand that Matadors Community Credit Union will only overdraft my account as I/we have indicated above and if funds are not available, the credit union will return my checks unpaid. Overdraft protection is not available if any loan is past due on the date of the overdraft or if the applicable credit limit has been exceeded.

6. PAY ON DEATH PROVISION:

PAYEE NAME(S)	PAYEE ADDRESS	PAYEE SS#	RELATIONSHIP

I/we agree that upon the death of the last owner of this account, the proceeds shall be paid to the beneficiary or beneficiaries listed above.

7. ADDITIONAL SERVICES:

ATM Card MasterMoney Debit Card

To accept initial here _____ To accept initial here _____

☐ Yes, please send me e-mail regarding MCCU updates, notices and special offers

By using the service(s) checked above with Matadors Community Credit Union, I/we agree to be bound by the applicable terms and conditions contained in the Account Disclosure Agreements governing my (our) account number(s), User ID, Password and Internet Personal Identification Number (PIN). The security of my (our) account number, User ID, Password and PIN are my (our) sole responsibility and I/we agree to keep them confidential and not to disclose them to any unauthorized person.

FOR CREDIT UNION USE ONLY

☐ New ☐ Revised ☐ Add Signer ☐ Name Change ☐ Re-open ☐ Add Checking ☐ Add Additional Signers Card 1 of _____ Address Diff. / ID Reason: _____
VERIFICATION OF ID: ☐ Documentary Method Used (Other than Driver's License)* Type of Document: _____ ID No.: _____ Place of Issuance: _____ Date of Issuance: _____ Expiration Date: _____
☐ Non-Documentary Method Used: _____ Results: _____ ☐ Description of Resolution of Any Substantive Discrepancy: _____
ID Verified By (Print Name): _____ Title: _____ Signature: X _____ Date: _____
Application Approved By (Print Name): _____ Title: _____ Signature: X _____ Date: _____