



P.O. Box 8017, El Monte, CA 91734
(800) 866-6474 www.scefcu.org
Fax (626) 646-2225

Membership Invitation

I am eligible to join SCE FCU because (please check one):

- I am an employee of _____
- I live, work, worship or support a charitable organization in an eligible community
- I am a relative of _____
Name of relative _____ Relationship _____

MEMBER / OWNER

Name (Last, First, MI)		
Social Security Number	Mother's Maiden Name	
Address	# of years	Own/Rent?
City, State, Zip		
Home Phone ()	E-Mail Address	
Date of Birth	DL#, State, Exp. Date	
Employer Name		
Address		
City, State, Zip	Work Phone ()	
Position/Dept.	Hire Date	Gross Monthly Income

JOINT OWNER

Name (Last, First, MI)		
Social Security Number	Mother's Maiden Name	
Address	# of years	Own/Rent?
City, State, Zip		
Home Phone ()	E-Mail Address	
Date of Birth	DL#, State, Exp. Date	
Employer Name		
Address		
City, State, Zip	Work Phone ()	
Position/Dept.	Hire Date	Gross Monthly Income

BENEFICIARY (ies). In the event of my death, or if there is more than one owner of this account, in the event of death of all the owners, the owner(s) hereby designate as my/ our beneficiary(ies) to receive all my/our accounts established on this form:

Name of Beneficiary	Name of Beneficiary
Address	Address
City State Zip	City State Zip
Social Security No. Date of Birth	Social Security No. Date of Birth
Relationship to Primary Owner	Relationship to Primary Owner

Please open the following accounts and/or services (indicate deposit amount by account):

- Savings/Non-dividend Savings (required) \$ _____ Youth Account \$ _____ Basic Checking \$ _____ Interest Checking \$ _____ ATM/Debit Card
- Money Market \$ _____ Holiday Club \$ _____ Vacation Club \$ _____ Certificate \$ _____ Term _____ IRA account* \$ _____
- Loan amount requested \$ _____ Type _____ Term _____ *Additional forms required

Please contact me for more information regarding: _____

By signing below, I/we authorize you to gather credit, checking account, and employment information you consider appropriate at the point of membership and from time to time thereafter. I/we understand that this will assist, for example, in determining my/our initial and ongoing eligibility for an account and for making future credit opportunities available to me/us. I/we authorize you to give information concerning your experience with me/us to others. I/we understand and agree that you may return this Membership Invitation and any other information you may receive. I/we authorize you to obtain information from the California Department of Motor Vehicles [DMV] as needed in relation to transaction(s) I perform with you. I/we authorize you to open other account(s) for me in person or per my/our telephone request.

TIN Certification and Backup Withholding Information. Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer 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 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, and (3) I am a U.S. person (including a U.S. resident alien).

Check this box if you do not have a Social Security Number.

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

X

Member Signature _____ Date _____

X

Joint Owner Signature _____ Date _____

Provide copy of valid driver's license – OR – state issued identification card (for all owners)

OFFICIAL USE ONLY

New

Update:

- Adding Joint/Beneficiary
- Name Change
- New Service Agreement

Opened by/Operator # _____

- Chex Systems/OFAC Disclosures
- ATM/Global Welcome Letter/Touché
- Ordered Checks Credit Report
- Loaded Associations I.D. Documented

Information Verification:

By _____

On _____