



**Sign me up for the following:**

- Savings – required for membership
- Checking
  - Free Checking – non-dividend
  - Green Checking – earns dividends
- ATM / Debit Card
- Money Market
- Certificate
- Loan
- Other: \_\_\_\_\_

**Please remember to:**

- Enclose a copy of a valid Driver’s License or government-issued ID for all listed on account
- Include at least \$15 – \$5 of which goes into your savings account and secures your membership in the Credit Union, the remaining \$10 is a tax-deductible donation to our non-profit organization. The Credit Union then matches that donation and helps disadvantaged youth and low-income families in the local community
- Drop off this completed application at an SCE FCU branch or mail it to: SCE FCU, PO Box 8017 El Monte, CA 91734
- Call **800.866.6474** or visit [scefcu.org](http://scefcu.org) if you have any questions

**Membership at SCE FCU**

SCE FCU’s field of membership is determined by the National Credit Union Administration (NCUA). You qualify for membership if you: work for a preapproved qualifying organization; are a relative of, or if you live with, an existing SCE FCU member; or none of the aforementioned options apply and you live in the Greater Los Angeles or Las Vegas areas, you can become a member by joining our non-profit, the Center for Financial Empowerment.

**Primary Member / Minor Information**

Name		Social Security #		Driver’s License #, State & Expiration		Date of Birth	
Residential Address			Mother’s Maiden Name		Best Contact Phone #		Alternate Contact Phone #
City, State & Zip			eMail Address				
Employer Name			Occupation			Hire Date	

**Account #**

**Joint Owner / Parent or Guardian**

Name		Social Security #		Driver’s License #, State & Expiration		Date of Birth	
Residential Address			Mother’s Maiden Name		Best Contact Phone #		Alternate Contact Phone #
City, State & Zip			eMail Address				
Employer Name			Occupation		Hire Date		Relationship to Primary

**Beneficiary(ies)**

In the event of death, the owner(s) hereby designate the following beneficiary(ies). For additional beneficiaries, use the Additional Services Request form.

Name & Address of Beneficiary		Social Security #		Relationship to Primary		Date of Birth	
Name & Address of Beneficiary		Social Security #		Relationship to Primary		Date of Birth	

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

**Authorization & Signatures**

You acknowledge receipt of the Membership Agreement and Disclosure, Rate Sheet, and Schedule of Fees & Charges. By signing below, you agree to accept the terms and conditions applicable to the accounts and services elected and to conform to the bylaws of SCE Federal Credit Union (SCE FCU). You agree that, as permissible by law, SCE FCU may amend the agreement and bylaws from time to time.

You authorize SCE FCU to obtain information from consumer reporting agencies, public databases and/or government agencies. You understand this will assist, for example, in determining your initial and ongoing eligibility for an account. You authorize us to give information concerning our experience with you to consumer reporting agencies. You authorize SCE FCU to open additional accounts under this membership agreement in person or by telephone. You understand all applicants listed above will have ownership of any future accounts opened under this membership agreement. You agree to notify us of any changes in your name, address, phone numbers, email address or beneficiary designations in a timely manner. This agreement supersedes any prior agreements for this account. In addition, you authorize SCE FCU to obtain a credit report. Information obtained is used to assess credit opportunities that may be available to you.

Your membership in the Credit Union also includes a one-year membership in the Credit Union’s non-profit organization. Through it you support the philosophy of spreading the fundamental principles of financial soundness through education and assistance programs.

Instructions: in the statement below, cross out item 2 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 below and complete a W-8 BEN if you are not a US person.

**TIN Certification & 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 back up withholding, or (b) I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends; or (c) the IRS has notified me that I am no longer subject to back up withholding; and (3) I am a US person (including a US resident alien).**

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

Primary Member Signature (if minor, please print child’s name)

Date

Join Owner / Parent or Guardian Signature

Date