

MEMBERSHIP INVITATION

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.

Member Number

ATTACH CHECK FOR INITIAL DEPOSIT HERE

1 MEMBER INFORMATION

Primary Owner First Name				Last Name				Joint Owner First Name				Last Name			
Home Address								Home Address							
City		State		Zip		Cell Phone ()		City		State		Zip		Cell Phone ()	
Mailing Address (if different from above)								Mailing Address (if different from above)							
City		State		Zip				City		State		Zip			
Date Of Birth		Social Security No.			Drivers License No./State/Expiration Date			Date Of Birth		Social Security No.			Drivers License No./State/Expiration Date		
Mothers Maiden Name		Home Phone ()		E-mail				Mothers Maiden Name		Home Phone ()		E-mail			
Employer		Occupation		Work Phone and Extension ()				Employer		Occupation		Work Phone and Extension ()			

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 sums in my/our account established on this form:

Name of Beneficiary				Phone No. ()				Name of Beneficiary				Phone No. ()			
Address of Beneficiary								Address of Beneficiary							
City		State		Zip				City		State		Zip			

2 SPONSOR

Account # _____ Relationship to Member _____ Sponsor Signature X _____

3 CHOOSE AND DEPOSIT

<input type="checkbox"/> Membership Fee:\$ <u>5.00</u>	<input type="checkbox"/> Vacation Club\$ _____ (\$10 minimum deposit)
<input type="checkbox"/> Deposit to Share Savings Account:\$ _____ (\$10 minimum deposit)	<input type="checkbox"/> Money Market\$ _____ (\$2,500 minimum deposit)
<input type="checkbox"/> Checking Type: <input type="checkbox"/> Classic <input type="checkbox"/> Community <input type="checkbox"/> Choice (\$25 minimum deposit)\$ _____ (You must complete the checking account overdraft option below)	<input type="checkbox"/> Share Certificate\$ _____ (\$1,000 minimum deposit)
<input type="checkbox"/> ATM <input type="checkbox"/> Debit Card <input type="checkbox"/> Additional card for first joint owner <input type="checkbox"/> Additional card for first joint owner	Term <input type="checkbox"/> 3 mo. <input type="checkbox"/> 6 mo. <input type="checkbox"/> 12 mo. <input type="checkbox"/> 18 mo. <input type="checkbox"/> 24 mo. <input type="checkbox"/> 36 mo. <input type="checkbox"/> 48 mo. <input type="checkbox"/> 60 mo. <input type="checkbox"/> Other _____
<input type="checkbox"/> Holiday Club\$ _____ (\$10 minimum deposit)	TOTAL INITIAL DEPOSIT ENCLOSED:\$ _____

4 CHECKING OVERDRAFT PROTECTION

Checking Account overdrafts can be covered in several different ways. UNLESS SPECIFICALLY REQUESTED OTHERWISE, TRANSFERS WILL BE MADE FIRST FROM LINE OF CREDIT AND THEN FROM SAVINGS ACCOUNT.

The Line of Credit is subject to credit approval. Complete the Loan Application on the reverse.

If a different sequence is preferred, please indicate here: _____ To decline Overdraft service, initial here: _____

5 TELEPHONE TELLER (AUDIO RESPONSE) AND ONLINE BANKING

YES I want 24-hour access to my accounts by Telephone Teller and/or Internet Online Banking. A Personal Identification Number (PIN) will be established by calling Telephone Teller.

6 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).

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.

7 AUTHORIZATION & SIGNATURE(S)

AGREEMENT

In this Membership Invitation "I" and "My" mean each and every person who signs below. "You" and "Your" mean Focus One Community Credit Union. If I am not currently a member, I hereby make application for membership in Focus One Community Credit Union. By signing below, I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Deposit Account Agreement, Truth in Savings Disclosure, the Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement (receipt of all of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Membership Invitation shall govern the Regular Share, the Checking Account, the ATM Card and the Telephone Teller Audio Response Service and other accounts designated above. I authorize you to open other account(s) for me in person or per my telephone request.

By signing below, I also authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Membership Invitation and any other information you may receive.

Note: 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 _____ X _____
Primary Owner Signature Date Joint Owner Signature Date

ATTACH SIGNATURE VERIFICATION HERE

FOCUS ONE

COMMUNITY CREDIT UNION

Our One Focus is You

PRIMARY OWNER	JOINT OWNER
RIGHT THUMB PRINT	RIGHT THUMB PRINT

MEMBERSHIP APPROVAL - CREDIT UNION USE ONLY

Financial Services _____ Date _____

Eligibility _____ Date _____

Account Opened by _____ Date _____

Chex Systems _____ Identification Verified _____

LOAN APPLICATION

(FOR JOINT CREDIT YOU MUST INITIAL BELOW)

- INDIVIDUAL ACCOUNT JOINT ACCOUNT WITH YOUR SPOUSE
 JOINT ACCOUNT WITH SOMEONE OTHER THAN YOUR SPOUSE (CO-APPLICANT)

APPLICANT		Credit Union Account #	Social Security #	
Last Name	First Name	Middle	Home Phone ()	
Home Address/Street/Apt#/City/State/Zip				
Birth Date	Driver's License#	Own/Rent	Years	Monthly Payment \$
Employer			Work Phone # ()	
Address/City/State/Zip				
Job Title		Start Date	Monthly Gross Salary \$	

You certify that the information on this application is true, correct and made for the purpose of obtaining credit. The credit union may obtain verification from whichever sources it deems necessary, and may provide others with information regarding your credit history with it to the extent permitted by law. You authorize any third party to furnish, on request of the credit union, information that concerns you, and the credit union may obtain information from any legitimate credit reporting agency concerning you before and after any credit advance is made to you. The original of this application will be retained by the credit union even if the credits is not granted. Please complete the entire application so we may process your request quickly.

WE INTENDED TO APPLY FOR JOINT CREDIT IF INDICATED ABOVE

APPLICANT INITIALS _____ CO-APPLICANT INITIALS _____

X _____
 Applicant's Signature Date

X _____
 Co-Applicant's Signature Date

MEMBERSHIP INVITATION



FOCUS ONE

COMMUNITY CREDIT UNION

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www.focusonecu.org

I WOULD LIKE INFORMATION ON THE FOLLOWING PRODUCT AND/OR SERVICES:

- CHECKING ACCOUNTS
- SIGNING UP FOR DIRECT DEPOSIT
- PAYROLL DEDUCTION
- VISA APPLICATION
- LOAN / LINE OF CREDIT APPLICATION
- REAL ESTATE / HOME EQUITY
- 2ND TRUST DEED LOAN APPLICATION
- INDIVIDUAL RETIREMENT ACCOUNTS
- HOLIDAY OR VACATION ACCOUNTS
- TEEN FOCUS CHECKING
- OTHER _____

