



MEMBERSHIP APPLICATION

Membership Number

PRIMARY OWNER

Social Security Number # Identification Type State and ID# Issue Date Expiration Date
 Mr. Mrs. Ms. Miss First Name Middle Initial Last Name Date of Birth
 Home Phone Work Phone ext. Mobile/Cell Phone Email
 Physical Address How Long? City State Zip
 Mailing Address (if different than physical) City State Zip
 Employer How Long? Occupation

I am within Eagle CU's field of membership based on the following (Select one)

Postal Service Employee (Office Location):
 Federal Government Employee (Dept. and Location):
 Employee Benefit (Company Name):
 Immediate Family Member (Family Member Name):
 Live in Orange/Riverside County:
 Work in Orange/Riverside County:
 Company name, location:
 Worship in Orange/Riverside County
 Name, location:
 Attend school in Orange/Riverside County
 School name, location:
 I am an existing member
 Were you referred to Eagle by an existing member? Yes No Referral Code

ACCOUNT OPTIONS

- Savings (\$25 min. deposit)
- Ultimate Checking (\$25 min. deposit)
- Rewards+Checking (\$25 min. deposit)
- Classic Checking (\$25 min. deposit)
- Money Market (\$2,500 min. deposit)
- Share Certificate (\$2,000 min. deposit)
- Circus Club (Age 0-12) (\$5 min. deposit)
- Green Team (Age 13-17) (\$25 min. deposit)
- Other:

JOINT OWNER

Social Security Number # Identification Type State and ID# Issue Date Expiration Date
 Mr. Mrs. Ms. Miss First Name Middle Initial Last Name Date of Birth
 Home Phone Work Phone ext. Mobile/Cell Phone Email
 Physical Address City State Zip
 Employer Occupation

As the primary owner, my signature below authorizes the joint owner unlimited access to all accounts, except for the following

BENEFICIARY INFORMATION

Name
 Social Security Number # Date of Birth Home Phone

In the event of my death, or if there is more than one owner on this account, in the event of death of all the owners, I/we hereby designate my/our beneficiary(ies) to receive equal amounts of all sums in my/our account established on this form unless otherwise noted. I understand and agree that the primary owner may change this payable on death beneficiary designation without the consent of any joint owners by signing the applicable Credit Union designation form

TIN CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. (See instructions on the separate instruction sheet) I hereby apply for membership in Eagle Community Credit Union (Eagle CU) with this application and certify that I qualify for membership based on the eligibility stated above. I further understand that to continue my membership in Eagle CU, I must maintain an Eagle CU account. I authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time in connection with my accounts and any future services provided by Eagle CU, as permitted by law. I understand that this will assist you in determining my initial and ongoing eligibility for an account.

USA PATRIOT ACT CUSTOMER IDENTIFICATION PROGRAM NOTIFICATION: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record any 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.

“By signing this Membership Application, I acknowledge and agree as follows:

- 1) I hereby apply for membership in, and agree to conform to the bylaws (as amended) of, Eagle Community Credit Union (Eagle CU) and certify that I qualify for membership based on the eligibility stated above;
- 2) I agree that to continue my membership in Eagle CU, I must maintain an Eagle CU account;
- 3) I authorize Eagle CU to gather whatever credit, checking account and employment information you consider appropriate from time to time in connection with my accounts and any future services provided by Eagle CU, as permitted by law. I understand that this will assist you in determining my initial and ongoing eligibility for an account;
- 4) I authorize you to give information concerning your experience with me to others;
- 5) I agree to be bound by the terms and conditions of Eagle Community CU's Disclosure and Agreement of Terms and Conditions for Eagle CU Member Accounts, Electronic Services Disclosure and Agreement, Privacy Notice, and Important Privacy Choices for Consumers, as well as the current Rate Sheet and Service Pricing Sheet (collectively “Account Agreements”), and any amendments thereto;
- 6) Express Consent (Non-Telemarketing Only): By providing Eagle CU with my mobile/cell phone number or any telephone number I give to you or you obtain from any other source (including any wireless phone or VoIP number), I am giving Eagle CU my express written permission and authorization consent to contact me at that number about all my Eagle CU accounts, including any loan accounts, regarding this account or any other relationship I now or later may have with the Credit Union. My consent allows Eagle CU to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls and texts, but not for telemarketing or sales calls and texts. My consent also extends to companies working on behalf of Eagle CU to service my accounts. Message and data rates with my mobile/cell phone carrier may apply. I have not provided, and I will not provide to Eagle CU, any mobile/cell phone number, or other telephone number, unless I am the subscriber to the service or the customary user of the telephone to which that number relates unless I tell you in writing. I understand that I can contact Eagle CU at any time to change my mobile/cell phone number preferences. If I revoke this authorization I will do so in a way that is likely to provide Eagle CU with notice in time to process that revocation before Eagle CU makes any further calls or send any further texts, such as by using one of the methods designated by Eagle CU;
- 7) I certify that all information given in connection with this Membership Application is accurate and true.

 X

 PRIMARY OWNER SIGNATURE DATE

 X

 JOINT OWNER SIGNATURE DATE

EAGLE TEAM MEMBER USE ONLY

\$5 one-time membership fee Copy of identification Initial deposit, amount enclosed: _____

Waived membership fee