



**United Methodist
FEDERAL CREDIT UNION**
5405 E. Arrow Highway, Suite 104
Montclair, California 91763-1664
(909) 946-4096 • (800) 245-0433

**ADDITIONAL SERVICES
REQUEST FORM**

Member Name (Print) _____ Account No. _____

I hereby make application for the account(s) indicated below and agree that the account(s) is/are subject to the terms of the Invitation to Join/Signature Card. I understand and agree that the account(s) indicated below are owned by any joint owner(s) set forth on the Invitation to Join/Signature Card. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Truth in Savings Disclosure, the Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement (receipt of which is hereby acknowledged and which is incorporated by the reference).

- Share Draft (Checking) Account (\$25 minimum deposit) \$ _____
(Must complete "Overdraft Options" section below) Value Vantage Premium Checking Golden Account
- Christmas Club (no minimum to deposit) \$ _____
- Youth Share Accounts (\$5 minimum to deposit) \$ _____
- ATM Card Additional Card for Joint Owner Debit Card Additional Card for Joint Owner (must have Checking Account)

OVERDRAFT OPTIONS

Overdrafts can be covered in two different ways or combinations thereof. They are: 1) A transfer from my savings account, with not more than three transfers in any calendar month, or 2) An advance from my Line of Credit, upon approval of credit and subject to terms and conditions of that account, up to my credit limit. If this option is selected the employment / income section below must be completed (**check only one box**).

- SAVINGS ONLY SAVINGS, THEN LINE OF CREDIT LINE OF CREDIT ONLY LINE OF CREDIT, THEN SAVINGS NO OVERDRAFT

MEMBER: _____ \$ _____ \$ _____ \$ _____
Date Employed Monthly wages, before taxes Monthly rent or Mortgage payment Total of all other loan payments

JOINT OWNER: _____ \$ _____ \$ _____ \$ _____
Date Employed Monthly wages, before taxes Monthly rent or Mortgage payment Total of all other loan payments

ADDING A JOINT OWNER

If you **did not originally** have a joint owner and you wish to add a Joint Owner to all your account(s) please complete the information below. Both the primary member and new joint owner must sign at bottom.

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 me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

Joint Owner Name _____ Driver's License No. _____ Mother's Maiden Name _____
Home Address _____ () _____ () _____
Date of Birth _____ Social Security No. _____ Employer _____ Occupation _____

ADDING/CHANGING A BENEFICIARY

If you as primary owner would like to add/change a beneficiary, please complete the information below and sign below where indicated.

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(s).

Name Add Delete _____ Relationship _____ Phone No. _____
Address _____ Credit Union Account No. (if applicable) _____

Name Add Delete _____ Relationship _____ Phone No. _____
Address _____ Credit Union Account No. (if applicable) _____

SIGNATURES

X _____ **X** _____
Primary Owner Signature Date New Joint Owner Signature (If Applicable) Date

| | |
|--|--|
| CREDIT UNION USE ONLY Officer Signature: _____ Date: _____ | |
| REGULAR SHARE _____ | CHRISTMAS CLUB _____ |
| ONLINE BANKING _____ | YOUTH SHARE _____ |
| SHARE/DRAFT CHECKING _____ | <input type="checkbox"/> ATM <input type="checkbox"/> DEBIT CARD _____ |
| CHEXSYSTEMS _____ | SECOND CARD _____ |
| OFAC VERIFICATION _____ | LOC \$ _____ |
| INITIAL ORDER _____ | |
| VERIFICATION OF ID: | |
| <input type="checkbox"/> Documentary Method Used (other than Driver's License)* Type of Document: _____ ID No: _____ Place of Issuance: _____ Date of Issuance: _____ Expiration Date: _____ | |
| <input type="checkbox"/> Non-Documentary Method Used _____ Results: _____ | |
| <input type="checkbox"/> 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: _____ | |