

To complete your membership application with Printing Industries Credit Union you will need to provide the following:

- 1. A copy of your valid driver's license
- 2. Proof of current residency if address is different from what is on your driver's license.
  - a. Proof of address change with the DMV
  - b. Current utility bill
  - c. Rental agreement
- 3. Complete the Overdraft Protection Form
- 4. Complete and return the Privacy Notice if you choose to opt out of the Credit Union sharing your information with outside companies.

Please complete all applicable areas on the membership application and return to Printing Industries Credit Union with a minimum deposit of \$10.00 for a savings account, \$25.00 for a checking account, and a one time \$10.00 membership fee to open your Printing Industries Credit Union account. You have the option to only open a savings account.

Phone: 951.781.0981 | Fax: 951.781.6225

## PRINTING CREDIT UNION

4820 S. Eastern Ave. • Suite L • Commerce, CA 90040

## **MEMBERSHIP APPLICATION**

4333 Orange St. • Suite 100 • Riverside, CA 92501

ACCOUNT NUMBER				

1 ELIGIBILITY							
I'm eligible to join Printing Industries CU because I'm	(please ch	neck one): subject	to verification				
Employee/Employer of		icek one). subject	Importan	t Information About Proced	ures for Opening a N	ew Accour	nt
(Eligible Organiz	ation)			at the funding of terrorism and n, verify, and record information			
Relative of who is a member already of Printing Industri	es CU			hen I open an account, you wate identify me. You may also ask			
Relative Account No.			Relationship				
2 MEMBER INFORMATION Ple	ase comr	olete entire form	check hoxes for ser	vices requested and	d sign at hottom		
Primary Owner Name			Joint Owner Name	vices requested are	. eigir at zettern	•	
Home Street Address	Years	Own Rent Live with Family	Home Street Address			Years	Own Rent Live with Family
City	State	Zip	City		5	State	Zip
Previous Address City	State	Zip	Previous Address C	ity	5	State	Zip
Date of Birth Social Security No. Drive	rs License N	lo./ID No.	Date of Birth S	Social Security No.	Drivers I	icense No	o./ID No.
Mother's Maiden Name Home Phone Cell Phone	E-N	Mail Address	Mother's Maiden Name	Home Phone	Cell Phone	E-M	ail Address
Employer Occupation	Work Pho	ne )	Employer	Occupation	\	Vork Phon	ne
Pay-On-Death: In the event of my death, or if there is more to receive all sums in my/our account established on this fo		owner of this acco	unt, the death of all the	owners, I/we hereby d	esignate as my/ou	ır Pay-Oı	n-Death payee
Name of Pay-On Death Payee	Phone No.	·	Name of Pay-On Death P	ayee	F	hone No.	
Address S	S#/DOB	<u> </u>	Address		SS#/	DOB	
2 GHOOGE GERVINGE AND INDIGATE		TILL DEDO					
3 CHOOSE SERVICE AND INDICAT							
Membership Fee (\$10.00 – waived for Looney Tune Deposit To Membership Share Savings Account (\$1)							
Deposit To Membership Share Savings Account (\$1  Secondary Share Account (\$10.00 minimum deposit		_					
Premium Checking Account (\$25.00 minimum depositions of the complete Section 4 below)							
IRA Share Account (\$50.00 minimum deposit):						\$	
Looney Tunes Kids Club Account (\$5.00 minimum							
Holiday Club Account:							
				TOTAL ENCLO	SED	\$	
☐ Master Money Debit Card ☐ Additional Card for	Joint Own	er (must have C	Checking Account)				
4 CHECKING ACCOUNT OVERDRAF	T OPTI	ONS					
At your option, below, overdrafts can be covered by a tr							ndar month.
Line of credit account subject to credit approval.	Savings O	nly 🗖 Line o	f Credit Only 🔲 F	First from Savings the	en Line of Cred	t 🗖	First from
Line of Credit then Savings	ractices (S	See the accompany	ving "What You Need t	to Know About Overd	rafts and Overdra	ft Fees"	disclosure.)
5 SOCIAL SECURITY NO. / TAXPAY	ER I.D.						
Under penalties of perjury, I certify that: (1) The numbe because: (a) I am exempt from backup withholding, or (t of a failure to report all interest or dividends, or (c) the IF resident alien).	) I have no	ot been notified by	y the Internal Revenue	Service (IRS) that I a	m subject backup	withhol	ldings are result
Instructions: Cross out item 2 above if I have been notified on your tax return. Cross out item 3 and complete a W-8				vithholding because yo	u failed to report	all intere	st and dividends
6 ACKNOWLEDGEMENT & SIGNATU	J <b>RE</b>						
I hereby make application for membership in and agree to be t receipt of the Electronic Services Disclosure and Agreement below and use of the account will confirm my agreement to	, Truth-in-S	Savings Disclosure	and Agreement, and the	Fee Schedule and agre			
Note: The Internal Revenue Service does not require					required to avoid	backup	withholding.
*							

X

Joint Owner Signature

Primary Owner Signature

X

00567650

#### **AGREEMENT**

In this Membership Application, "I", "Me" and "My" mean each and every person who signs on the reverse. "You" and "Your" mean Printing Industries Credit Union. If I am not currently a member, I hereby make application for membership. 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 all of which is hereby acknowledged and which is incorporated by this reference). I authorize you to open other account(s) for me in person or per my telephone request.

I 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 Application and any other information you may receive.

**SECURITY INTEREST:** Each and every owner of the account(s) shall be jointly and severally liable for any and all losses and damages to the Credit Union occasioned by any owner. Further, each and every owner pledges as collateral for any loss or damage suffered by the Credit Union all funds on deposit (except funds held in IRAs) with the Credit Union along with any other collateral pledged either currently or in the future for any loan, and if the owner's have or will have from the Credit Union. This pledge of collateral is meant to secure the payment of all debts and obligations each owner owes to the Credit Union either currently or in the future. However, this cross collateral provision does not apply to any loan secured by any owner's principle residence or any other real property that an owner now owns or may hereafter acquire. In the event any owner does not repay his/her debt, obligation or loss, all owners authorize the Credit Union to apply, without notice, any and all such shares or deposits to the debt, obligation or loss and/or obtain possession of the collateral, sell same pursuant to applicable law and apply the proceeds to the debt, obligation or loss.

GENERAL PLEDGE OR SHARES AND DEPOSITS: I pledge all paid shares and deposits and payments thereon, which I now have or hereafter may have with you to the extent of all unpaid balances due you. In case of default, I hereby authorize you to apply any and all such funds to the payment of the unpaid balances. However, I retain full access to any and all shares on deposit not specifically pledged as collateral. No lien or right to impress a lien on shares and deposits shall apply to any of my shares which may be held in an "Individual Retirement Account" (IRA).

**SIGNATURE VERIFICATION:** DRIVER'S LICENSE OR I.D. CARDS: IMPORTANT: For verification of signatures only, all applicants (Primary & Joint) must attach a photocopy of a current and valid driver's license, California or Arizona identification card, out-of-state driver's license, out-of-state identification card or military identification. All I.D.'s must contain a photograph.





FOR CREDIT	UNION USE ONLY
VERIFICATION OF ID (PRIMARY OWN	NER):
Documentary Method Used	
Type of Document:	
ID No.:	
Date of Issuance:	Expiration Date:
☐ Name as it appears on I.D.:	
ID Verified By (Print Name):	
Title:	
Signature: <b>X</b>	
	Date
☐ FINCEN ☐ OFAC	
Application Approved By (Print Name):	
Title:	
Signature: X	Date
FOR CREDIT	UNION USE ONLY
VERIFICATION OF ID (JOINT OWNER	1):
Documentary Method Used	

FOR CREDIT UNIO	ON USE ONLY
VERIFICATION OF ID (JOINT OWNER):	
☐ Documentary Method Used	
Type of Document:	
ID No.:	
Date of Issuance:	Expiration Date:
☐ Name as it appears on I.D.:	
ID Verified By (Print Name):	
Title:	
Signature: X	
	Date
☐ FINCEN ☐ OFAC	
Application Approved By (Print Name):	
Title:	
Signature: X	
	Date

FOR CREDIT UNION USE ONLY				
OPENED / ORDERED BY	DATE			
	OPENED / ORDERED BY			

## Printing Industries Credit Union

4333 Orange Street, Suite 100 Riverside, CA 92501 (951) 781-0981 Fax (951) 781-6225

## What You Need to Know about Overdrafts and Overdraft Fees

In this agreement, the words "We," "Us," and "Our" mean Printing Industries Credit Union, whereas the words "You" and "Your" mean the undersigned individuals. For joint accounts, read singular pronouns in the plural.

An <u>overdraft</u> occurs when You do not have enough money in Your account to cover a transaction, but We pay it anyway. We can cover Your overdrafts in two different ways:

- 1) We have <u>standard overdraft practices</u> that come with Your account.
- 2) We also offer <u>overdraft protection plans</u>, such as a link to a savings account, which may be less expensive than Our standard overdraft practices. To learn more, ask Us about these plans.

This notice explains Our standard overdraft practices.

#### What are the standard overdraft practices that come with Your account?

We <u>do</u> authorize and pay overdrafts for the following types of transactions:

- · Checks and other transactions made using Your checking account number
- · Automatic bill payments

We do not authorize and pay overdrafts for the following types of transactions unless You ask Us to (see below):

- · Everyday debit card transactions
- · ATM transactions

We pay overdrafts at Our discretion, which means We do not guarantee that We will always authorize and pay any type of transaction.

If We do not authorize and pay an overdraft, Your transaction will be declined.

What fees will You be charged if Printing Industries Credit Unio	n pays Your overdraft?
Wildi ices will fou be characa if i fillula illaustries ofcult offic	ii bays Toul Ovelulait

Under Our standard overdraft practices:
We will charge You a fee of up to \$\_\_\_\_\_each time We pay an overdraft.
Also, if Your account is overdrawn for\_\_\_\_\_or more consecutive days. We will charge an additional \$\_\_\_\_\_per day
There is no limit on the total fees We can charge You for overdrawing Your account.

## ▶ What if You want Printing Industries Credit Union to authorize and pay overdrafts on Your ATM and everyday debit card transactions?

If You also want Us to authorize and pay overdrafts on ATM and everyday debit card transactions, call Us at (951) 781-0981, or complete the form below and present it at one of Our branches, or otherwise mail it to Us at: 4333 Orange Street, Suite 100, Riverside, CA 92501.

If You elect to have Us pay such overdrafts, You have the right to change Your mind and subsequently elect to opt-out. If You would like to opt-out, that is, if You would prefer We not pay any ATM transactions or everyday debit card transactions that would overdraw Your account, You may opt-out by writing to Us at the address in this Agreement or by calling Us at the telephone number shown in this Agreement and informing Us of Your intention to opt-out.

☐ You do want Printing Industries Credit U	nion to authorize and pay overdrafts on Your ATM a	nd everyday debit card transactions.		
☐ You do not want Printing Industries Credit Union to authorize and pay overdrafts on Your ATM and everyday debit card transactions.				
Printed Name:	Signature:			
Account Number:		Date		



# IMPORTANT PRIVACY CHOICES FOR CONSUMERS

You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choice below.

## **YOUR RIGHTS**

You have the following right to restrict the sharing of personal and financial information with outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

### **YOUR CHOICE**

**Restrict Information Sharing With Other Companies We Do Business With To Provide Financial Products and Services:** Unless you say "No," we may share personal and financial information about you with outside companies we contract with to provide financial products and services to you.

Ц	<b>NO</b> , please do not share personal and fir	nancial information with	h outside companies	you contract
with	to provide financial products and services	S.		

#### **Time Sensitive Reply**

You may make your privacy choice(s) at any time. Your choice(s) marked here will remain unless you state otherwise. However, if we do not hear from you we may share some of your information with affiliated companies and other companies with whom we have contracts to provide products.

To exercise your choices do one of the following:

- 1. Call us toll-free at 800.479.7837 or call our local number at 951.781.0981-Riverside or 323.728.1866-Commerce.
- 2. Contact us at www.printcu.org by logging on to the Internet 24 Home Banking link and send us a secured message. Enter your name, contact information, and your privacy choice.
- 3. E-mail us directly at cuinfo@printcu.org. Please include your name, privacy choice, and any other information that will allow us to identify you.

