

Membership / Account Application

For Office Use Only

Record On File
 No Record On File Yes No

Member Number Member Name Date User ID ChexSystems Credit Report

Please complete this entire form and check the boxes you are requesting. Then sign at the bottom. Please note that SD Medical's current terms and conditions will apply to this and all subaccounts unless a new Account Application is completed. Also note that there is a one-time membership fee of \$5.

Application Type:

New Account Joint Account Name Change

Member Information

Name—First		Middle	Last
Address			
City		State	Zip Code
Birthdate	Home Telephone		
Employer	Occupation		
Work Telephone	Drivers License No./State (Or Other ID)		
Social Security No.	Subject to backup withholding <input type="checkbox"/> No <input type="checkbox"/> Yes		
Email Address	Mother's Maiden Name		

Joint Owner Information

SD Medical will recognize the joint owner named below on this account for all transactions.

Name—First		Middle	Last
Address			
City		State	Zip Code
Birthdate	Home Telephone	Work Telephone	
Employer	Occupation		
Drivers License No./State (Or Other ID)	Social Security No.		
Email Address	Mother's Maiden Name		

Designation of Beneficiary (Does Not Preclude The joint Owner's Right of Survivorship)
In the event of my death, and if all other joint owners predecease me, I hereby designate the person(s) below to receive any and all amounts in this account.

Name	Address	Name	Address
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- Regular Share Account** (\$50 minimum or \$5 with any other service)
- Checking Account** Convenience Traditional
- Money Market Account** (\$2,500 minimum)
- Certificate Account**
- IRA Account**
- Overdraft Privilege/Overdraft Protection** (from share account)
- Internet Banking / Bill Pay** (available through Internet Banking)
- Direct Deposit** I would like to initiate Direct Deposit to my account.
- Beginners Club Savings Account**
- Scholars "All-In-One" Account** (includes Savings, Checking and MasterCard)

Taxpayer Identification Number (TIN) Certification

I certify under penalty of perjury that 1) the Taxpayer ID Number I have given you is correct, 2) I am not subject to backup withholding, unless I have indicated so on this form, and 3) I am a U.S. person unless I have provided you form W-8BEN Certification of Foreign Status of Beneficial Owner for United States Tax Withholding.
The Internal Revenue Service does not require your consent to any provision of this form other than the certification required to avoid backup withholding.

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.

Debit/ATM Card or **ATM Card Only** Please add an additional card for the joint owner on the account

I/we have received a copy of SD Medical's *Important Account Information for our Members* booklet and agree to abide by the terms and conditions contained therein. I/we agree with the terms and conditions for the use of these services. I/we authorize the Credit Union to check my/our ChexSystems history and my/our credit history for any reason by obtaining a credit report whenever the Credit Union has a legitimate business reason for doing so. I/we agree that the Credit Union may access the records of the California Department of Motor Vehicles from time to time to obtain my/our current mailing address and by doing so agreeing I/we am/are waiving my/our rights under section 1808.22 of the California Vehicle code. SD Medical reserves the right to approve or disapprove an applicant based solely on credit/checking history. I/we agree to abide by the bylaws of the Credit Union.

MEMBER SIGNATURE

DATE

JOINT OWNER SIGNATURE

DATE