E-Central Membership Application

All applicants must provide a valid state or U.S. Government issued photo identification. As required by federal law, the Credit Union must verify the identity of each person seeking to open an account (including joint owners) and must maintain records of the information used to verify each person's identity.

Primary Member Date of Birth | Social Security Number

Last Name | First | Middle Initial

Home Address (No P.O. BOX) | Unit # | City | State | Zip

Driver's License # | Home Phone | Cell Phone

E-Mail Address

Place of Birth | Mother's Maiden Name

Company Name (Employer) | Work Phone

Company Address | City | State | Zip

Joint Owner Date of Birth | Social Security Number

Last Name | First | Middle Initial

Home Address (No P.O. BOX) | Unit # | City | State | Zip

Driver's License # | Home Phone | Cell Phone

E-Mail Address

Place of Birth | Mother's Maiden Name

Company Name (Employer) | Work Phone

Company Address | City | State | Zip

Membership Eligibility (please check one)

☐ Employee at a Select Employee Group ☐ Family Member _____ ☐ Other: _____

Name of Member | Relationship | Acct. #

Choose and Deposit (please include a copy of your driver's license or state ID)

Select one or more	Minimum Deposit	Initial Deposit
☑ Membership Savings	$25	
Select a Checking Account		
☐ E-Free Checking*	$0	
☐ Premium Value Checking*	$0	
☐ E-Builder Checking*	$250	
☐ Money Market Savings	$2,500	
☐ Certificate Term _____	$1,000	
☐ Holiday Savings	$10	
☐ Personal Savings	$10	
	Total $	0.00

Free Services

☑ Internet Banking and Bill Pay
☑ ATM/Visa Debit Card (Debit Card requires Checking)

Overdraft Protection for Checking

☑ Link my Savings Account to cover any overdrafts. (Included)
☑ Use Courtesy Pay to cover any overdrafts on paper checks and recurring electronic transactions. (Included)**
☐ For maximum protection, I would like Courtesy Pay to cover my everyday debit and ATM card transactions.**
☐ For additional protection, I would like a Personal Line of Credit linked.†
☐ I do not want my Savings Account linked.
☐ I do not want Courtesy Pay.

*For E-Free: There is no monthly service fee. For Premium Value: If balance is below $500, a $5.00 monthly fee is charged. For E-Builder: A $10.00 monthly fee, plus certain restrictions apply. **An overdraft will occur when you do not have enough money in your account to cover a transaction, but we pay it anyway. There is a $25 fee for each item paid by Courtesy Pay.
†Requires a completed Consumer Loan Application and subject to credit approval.

Beneficiary / Pay On Death (P.O.D.) Payees

The following beneficiary(ies) is/are to receive the proceeds of this membership, excluding IRA funds, at my death. If this is a Joint Account (more than one owner) the beneficiary(ies) is/are to receive the proceeds of this membership only upon death of all Joint Owners. Beneficiaries will receive proceeds in equal shares unless another percentage is indicated.

Beneficiary / P.O.D. Payee Name	Address	City	State	Zip	Soc. Sec. Number	D.O.B.	Percentage
							0.00%
							0.00%

Agreement & Signature

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.

Under penalty of perjury, I certify that (a) the taxpayer ID/social security number I have given on this application is correct, (b) I am a U.S. person, including resident alien, and (c) either I have never been notified by the IRS that I am, or I have been notified by the IRS that I am no longer, subject to backup withholding due to under-reporting of dividends or interest. I understand the IRS does not require my consent to any term of any agreement with E-Central Credit Union except the certifications required to avoid backup withholding. **If I am subject to backup withholding, this box is checked.** ☐ **If I am not a U.S. Person, I will complete a W-8 BEN and this box will be checked.** ☐
I/We agree to be bound by the terms and conditions applicable to each account and/or service requested, as contained in the Truth-In-Savings Disclosure and Electronic Services Disclosure, and the Credit Union's Bylaws, all of which are incorporated by this reference. I/We authorize the Credit Union to gather whatever credit, checking account and employment information the Credit Union considers appropriate from time to time. I/We understand that this will assist the Credit Union, for example, in determining my/our initial and ongoing eligibility for my/our account and/or in connection with making future credit opportunities available to me/us. I/We authorize the Credit Union to give information concerning its experiences with me/us to others subject to applicable law. All funds paid into any account shall be considered as being held by each owner of that account equally, with the right of survivorship and regardless of net contribution, and that the Credit Union is under no obligation to inquire as to the source of any contribution. The Credit Union is authorized to recognize any of the signatures below for transactions of any business on any account on which that party is named as an owner.

You hereby revoke any proxy executed by you and hereby appoint the Board of Directors of this Credit Union as your proxy to represent the undersigned and act in the name, place and stead of the undersigned at any meeting of the members of this Credit Union; and the Secretary of this Credit Union, or his/her, is directed to vote as proxy when directed by and in the manner determined by the majority of Directors present at any such meeting. This proxy shall not be effective during any meeting of the members of this Credit Union whereat the undersigned is present. This proxy shall remain in force and in effect for three years from the date of this execution as set forth above, or such longer period of time as may be permitted by law. The Credit Union may renew this proxy for an additional period of time as permitted by law with proper advance notice. You may cancel this proxy at any time, with written notice to the Credit Union.

Signature of U.S. Person & Primary Account Owner | Date Feb/1/2012

Joint Owner Signature | Date Feb/1/2012

Credit Union Use Only Branch: Pasadena | Approved by: | Teller #: | Date: | Acct. #: