

Membership and Account Application



Financial Partners Credit Union, P.O. Box 7005,
Downey, CA 90241-9974

Primary Member Information

Name (last, first, middle) _____

Social Security # (TIN) _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Daytime Phone () _____ Home Phone () _____

Driver's License #, State, Expiration Date _____

Mother's Maiden Name _____

Employer Name _____

Occupation _____

Joint Owner Information Relationship to Primary Member _____

Name (last, first, middle) _____

SSN # _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone () _____ Home Phone () _____

Driver's License #, State, Expiration Date _____

Mother's Maiden Name _____

Pay on Death Designation (if applicable)

Name _____ TIN/SSN _____

Relationship _____

For FPCU Use Only	
Account Number	Branch Number
Teller Code & Initials	Date
Chex Systems	
Membership Officer	Date Verified
Comments	

Please Open The Following CHOOSE ALL THAT APPLY:

- Share Savings
- Premier Money Market Savings
- Money Market Checking
- Access Checking
- Premier Checking
- Student Checking

W-9 Certification of TIN

Under penalties of perjury, I certify that:

- The number shown on this form (my S.S.N./TIN) is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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 dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification Instructions: I must cross out item 2 above if I have been notified by the IRS that I am currently subject to backup withholding because I have failed to report all interest and dividends on my tax return.

I/We acknowledge that I/We have read and agree to be bound by the Account Agreement and Truth-in-Savings Disclosures provided with this Application.

Under penalties of perjury, I/We certify that all information on this form is true, correct, and complete. I/We hereby make application for membership in the Financial Partners Credit Union and agree to conform to its bylaws and amendments thereof and subscribe for at least one share or have paid the necessary entrance fee. I/We understand that this Application supersedes any Application currently on file for this account.

By signing this Application I/We understand I/We will receive a Debit card or an ATM card for access to my/our credit union accounts. By signing below I/We agree that my/our use of the Cards and/or PINs constitutes acceptance of the terms and conditions of the Financial Partners Credit Union's Electronic Services Agreement and Disclosures, also provided with this Application.

I/WE UNDERSTAND THAT THE NAMED PERSON SHALL BE A JOINT OWNER FOR PURPOSES OF ACCESS TO ANY OF MY CREDIT UNION ACCOUNTS WITH ALL RIGHTS AND DUTIES APPLICABLE THERETO.

The Credit Union makes credit available to its members on a regular basis. By signing below I/We also authorize the Credit Union to gather any credit or employment information it deems necessary to open this account and in connection with future credit opportunities and to give information concerning your credit experience with me/us to others.

Further, I/WE HEREBY AGREE TO HOLD HARMLESS FINANCIAL PARTNERS CREDIT UNION FROM ANY LOSS, LIABILITY, OR COSTS THAT MAY RESULT FROM THE ADDITIONAL USER'S ACCESS TO THE PRIMARY MEMBER'S ACCOUNTS ESTABLISHED NOW OR IN THE FUTURE.

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.

Please Sign Before Returning Enrollment Form

Note: The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____
Primary Member Signature Date

X _____
Joint Owner Signature Date