

1/ Membership Application

Credit Union use only:

Account # _____

Complete and return this application, and we'll open your USC Credit Union account. There is a one-time membership fee of \$9. You can also open your account online at www.USCCreditUnion.org.

About you

If you are under 18 years of age, please also complete Joint Account Owner information section below.

Name (First, MI, Last)		Mother's Maiden Name	
E-mail			
Social Security Number / Tax ID		Birthdate / /	
Driver License # / State ID #		State	Exp. Date
Current Address (If school address not available, use current home address.)			
City, State, Zip			
Home/Mobile Phone ()		<input type="checkbox"/> Home Work Phone ()	Ext.
		<input type="checkbox"/> Mobile	
USC Student ID Number		Expected Graduation Date (Mo / Yr)	

How did you hear about USC Credit Union?

- Orientation Session Mailing Another member
 Web site Daily Trojan Other (please describe) _____

Pay-on-Death (POD) Designation (Beneficiaries)

In the event of the death of all owners of this account, you hereby designate the following person(s) as beneficiary(ies) to receive any and all amounts from all share, Money Market, share draft, certificate and sub-accounts. You agree and understand that Pay-on-Death payees receive equally the proceeds of all accounts on which they are named.

POD beneficiary #1: Name (First, MI, Last)	Relationship
Address	
POD beneficiary #2: Name (First, MI, Last)	Relationship
Address	

Joint Account Owner information

A joint owner is required if the primary member is under 18 years of age. If you are 18 or older and do not wish to have a joint owner, please skip this section.

Joint Owner's Name (First, MI, Last)		Mother's Maiden Name	
Social Security Number / Tax ID		E-mail	
Driver License # / State ID #		State	Exp. Date
Address (If different from primary owner)			
City, State, Zip			
Home Phone ()		<input type="checkbox"/> Home Work Phone ()	Ext.
		<input type="checkbox"/> Mobile	
Employer		Birthdate / /	

Signature and opening deposit payment

To open your Student Account Package, simply complete this form. Indicate your initial deposit to each account and which checking account you wish to open.

- Yes, I want a Student Account Package with Free Cardinal Checking, MasterMoney Debit Card and overdraft protection from savings.**

Type of account	Minimum opening deposit	Your deposit
<input checked="" type="checkbox"/> Savings	\$1	\$ _____
<input checked="" type="checkbox"/> Checking (choose one)		\$ _____
<input type="checkbox"/> Free Cardinal Checking	\$25	
<input type="checkbox"/> Gold Checking	\$50	
<input type="checkbox"/> Trojan Checking	\$50	
Choose one <input type="checkbox"/> Debit/ATM card <input type="checkbox"/> ATM card only		
<input checked="" type="checkbox"/> Membership Fee		\$ _____ 9
Total deposit		\$ _____

Payment method (choose one)

- Check enclosed in the amount of \$ _____
 Transfer opening deposit balances from Visa or MasterCard credit/debit card

Credit Card Number (Note: This will be considered a Cash Advance.)	Expiration Date
Name (As it appears on Visa/Mastercard)	Amount \$
Cardholder's Signature	Date
<input checked="" type="checkbox"/>	

- ACH transfer (see section 2)

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 license or other identifying documents. You are verifying under penalty of perjury that all statements and information contained herein are true and correct and that the taxpayer identification number (TIN) is correct. You understand joint owners are co-owners and each person named as owner may use the account individually. Joint owners have the right of survivorship on the account. Your signature below also certifies that you have received a copy of the Credit Union's Truth-in-Savings Account Disclosure and Agreement or, in the event that the account is applied for by mail, that you will notify the Credit Union if a TIS Disclosure and Agreement is not received within ten (10) business days from the date this application is mailed. By signing below, you authorize the Credit Union to receive and exchange credit, income and employment information, permit the Credit Union to verify this information from which sources it deems necessary, and may, now and in the future, provide others with information regarding your credit history, to the extent permitted by law. You agree that all owners of any account requested herein agree to the terms, conditions, and covenants of the agreements applicable to each account as set forth in the Disclosure and Agreement. Your acceptance and/or use of any remote access services (such as ATM/Debit cards or Phone Assistance Line services) shall certify your agreement to be bound by the agreements covering such services in the Credit Union's Disclosure and Agreement and Electronic Services Agreement. You are a U.S. citizen or resident Alien, and you are not subject to backup withholding.

Student's Signature	Date
<input checked="" type="checkbox"/>	
Joint Owner's Signature (if applicable)	Date
<input checked="" type="checkbox"/>	

Please submit this completed application to a USCCU staff member, or mail it to:

USC Credit Union Attn: New Membership Dept.
Box 512718, Los Angeles, CA 90051-2718

Credit Union use only:

ID verification _____
ChexSystems _____