



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 Me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

MEMBERSHIP APPLICATION

MEMBER # _____

Primary Owner Information

Last name:	First name:	Social Security #:
Driver's License # / State:	Mother's Maiden Name:	Date of Birth:
Street Address:	City:	State & Zip:
Home Phone #:	Cell #:	E-Mail Address:
Employer:	Phone # :	Address:

Joint Owner Information

Last name:	First name:	Social Security #:
Driver's License # / State:	Mother's Maiden Name:	Date of Birth:
Street Address:	City:	State & Zip:
Home Phone #:	Cell #:	E-Mail Address:
Joint owner Signature	Employer: Work #:	Address:

Membership Eligibility

- Resident of Burbank
- Immediate Family Member: Member Name _____ Relationship _____
- Worship in Burbank: Church name _____
- Work in Burbank: Employers Name _____
- Employee of a Select Employer Group (SEG): Company Name _____
(HOW's Markets, Hughes Family Partners, Bob Cannon's Vitamins, Reality Check Studios, O'Rourke Distributors)

Accounts & Service Options Savings: A \$25.00 minimum deposit is required for membership

- Checking: Money Market Holiday Account Certificate: Term _____
- Overdraft: Visa Debit Card *(only with checking)*
- Savings Line Of Credit

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

<p>PART I. – Taxpayer Identification Number (TIN)</p> <p>I agree to enter my TIN in the appropriate box. For individuals, this is my social security number (SSN). For most entities, it is my employer identification number (EIN). If I do not have a number, I will see the How To Get a TIN in the Deposit Account Agreement and Truth-In-Savings Disclosure.</p> <p>Taxpayer ID Number: _____</p>	<p>PART II. – Payee Exempt From Backup Withholding See "Instructions for Reporting Taxpayer Identification Number" brochure.</p>
<p>PART III – Certification.</p> <p>Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) 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 or dividends, or (c) The IRS has notified me that I am no longer subject to backup withholding, and (3) I am A U.S. person (including U.S. resident alien)</p> <p>Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.</p>	

Account Agreement: In this Signature Card "I" and "My" mean each and every person who signs. "You" and "Your" mean Media City Community Credit Union. If I am not currently a member, I hereby make application for membership in Media City Community Credit Union. I understand I will be given access to the Money-Link Audio Response System and Home Banking. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Account Agreement, Truth in Savings Disclosure, the Term Certificate Account Agreement and Disclosure (if applicable), the Schedule of Fees and Charges and Electronic Services Disclosures and Agreement (which I will receive upon opening my applicable account(s)). I understand and agree that this signature Card shall govern the Regular Share, the Checking Account, the ATM Card and the Money-Link Audio Response Service, Home Banking and other accounts designated on the card. I authorize you to open other account(s) for me in person or per my telephone request.

I authorize you to gather what ever 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 Signature Card and any other information you may receive and that I waive my right to confidentiality of my records with the California Department of Motor Vehicles (DMV) and authorize you to obtain such information from the DMV.

Beneficiary Information

Payee #1	Relationship	DOB	Social Security #
Payee #2	Relationship	DOB	Social Security #
Payee #3	Relationship	DOB	Social Security #