

MEMBERSHIP APPLICATION

Account # _____

ATTACH CHECK FOR INITIAL DEPOSIT HERE

1 ELIGIBILITY

I'm **eligible** to join Technicolor Federal Credit Union (TFCU) because I'm (please check one): *subject to verification*

A relative of a member of TFCU Signature of relative required _____
 Name of relative _____ Relationship _____ Phone # (____) _____
 An employee or member of _____ Department Name _____
 How did you first hear about Technicolor Federal Credit Union? _____

2 MEMBER INFORMATION *Please complete entire form, check boxes for services requested and sign at bottom.*

Primary Owner Name				Joint Owner Name			
Home Street Address				Home Street Address			
City	State	Zip	Home Phone	City	State	Zip	Home Phone
Mailing Address (if different from Home Address)				Mailing Address (if different from Home Address)			
Date of Birth	Social Security No.	Driver's License No./State issued		Date of Birth	Social Security No.	Driver's License No./State issued	
Employer	Occupation	Work Phone		Employer	Occupation	Work Phone	
Mother's Maiden Name			Password	Mother's Maiden Name			
BENEFICIARY(IES) In the event of my death, or if there is more than one owner of this account, the death of all the owners, I/we hereby designate as my/our beneficiary(ies) to receive all sums in my/our account established on this form.							
Name of Beneficiary				Name of Beneficiary			
Relationship				Relationship			
Address				Address			

3 SELECT THE ACCOUNT(S)

MEMBERSHIP FEE: \$ 5.00

REGULAR SHARE ACCOUNT: (\$25 min. deposit) \$ _____

SPECTRUM CHECKING ACCOUNT: \$ _____

SPECTRUM PLUS INTEREST CHECKING ACCOUNT: (\$1000 minimum balance) \$ _____

IF OPENING ANY CHECKING ACCOUNT, YOU MUST COMPLETE SECTION 4 BELOW

DEBIT/ATM CARD One Card Two Cards

TOTAL INITIAL DEPOSIT ENCLOSED \$ _____

4 CHECKING ACCOUNT PACKAGE *(With Behind The Scenes Overdraft Protection account must have automatic payroll deduction)*

Overdrafts will be covered by a transfer from my Savings Account, with not more than six transfers in any calendar month, or with Behind The Scenes overdraft protection, or both. Overdraft Protection from savings and Behind The Scenes No Overdraft Protection

Complete the information below which will appear on the checks. Please send check styles catalog Please order standard check style

Letter Style _____ Starting No. _____ # of Boxes _____ Accents _____ Check Style _____

Name _____ Check to add Joint Owner Name (Must be joint on Savings)

Complete address as it is to appear on Check _____

City _____ State _____ Zip _____ Phone _____

5 TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

My taxpayer identification number is (Social Security Number) -

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 a U.S. resident alien).

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you 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.

Signature **X** _____ Date _____

6 ACKNOWLEDGEMENT & SIGNATURE *(See reverse for signature verification requirements)*

I hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of TECHNICAL FEDERAL CREDIT UNION. I acknowledge receipt of the Account Agreement, Disclosure for Electronic Services, Truth-In-Savings, and the Fee Schedule and agree to be bound by their terms. My signature below and use of the account will confirm my agreement to be bound and my acceptance of the Agreement on the reverse.

X _____ **X** _____
 Primary Owner Signature *(Please submit a photocopy of I.D. and S.S. card)* Date Joint Owner Signature *(Please submit a photocopy of I.D. and S.S. card)* Date

7 CREDIT UNION USE ONLY

Membership Officer _____ Date _____ CHECK SYSTEMS _____

ATTACH SIGNATURE VERIFICATION HERE

SIGNATURE VERIFICATION

DRIVER'S LICENSE OR I.D. CARDS:
IMPORTANT: FOR VERIFICATION OF SIGNATURES ONLY, ALL APPLICANTS (PRIMARY & JOINT) MUST ATTACH A PHOTOCOPY OF A CURRENT AND VALID DRIVER'S LICENSE, CALIFORNIA IDENTIFICATION CARD, OUT-OF-STATE DRIVER'S LICENSE, OUT-OF-STATE IDENTIFICATION CARD OR MILITARY IDENTIFICATION.
 ALL I.D.'S MUST CONTAIN A PHOTOGRAPH.

AGREEMENT

In the Membership Application "I" and "My" mean each and every person who signs on the reverse. "You" and "Your" mean Technicolor Federal Credit Union. If I am not currently a member, I hereby make application for membership in Technicolor Federal Credit Union. I understand I will be given access to the FYI Telephone Teller Audio Response System. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Deposit Account Agreement, Truth-In-Savings Disclosure, the Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement (receipt of all of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Signature Card shall govern the Regular Share, the Checking Account, the ATM Card and the FYI Telephone Teller Audio Response Service and other accounts designated above. I authorize you to open other account(s) for me in person.

Customer Identification Program Notice: Pursuant to federal law, the Credit Union is required to verify the identity of any person seeking to open or add a signer or joint owner to any account and must maintain records of information used to verify the person's identity.

I authorize you to gather whatever credit, checking account 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.



Technicolor Federal Credit Union

434 W. Alameda Ave.
 Burbank, CA 91506-3202
 (818) 973-4900 • Fax (818) 973-4912
(800) 973-4989

FYI TELEPHONE TELLER
 AVAILABLE 24 HOURS A DAY

(818) 973-4910 • *(800) TELLFYI

*(outside 818 area code)

www.technicolorfcu.org