

517 E. Wilson Avenue, Suite 102 Glendale, CA 91206-5902

Hours

Mon, Tue, Thu, Fri 9 am–5 pm
Wed 10 am–5 pm

818/ 548-3976 · www.glendalecitycu.com

24-hour loan application: **888/ 713-8475**

Membership application

It pays to belong



Glendale City Employees
Federal Credit Union

Pay-on-death

We recommend that all members select a beneficiary.

BENEFICIARY NAME

ADDRESS

CITY

SOCIAL SECURITY#

DATE OF BIRTH

STATE

ZIP

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. The undersigned (you) are applying to Glendale City Employees Federal Credit Union for a membership and a share (savings) account. By signing below, you acknowledge the following: (1) That you will receive, with your receipt of deposit, a copy of the Glendale City Employees FCU Membership Agreement and Disclosure which contains all the Agreements and Disclosures affecting all deposit accounts. (2) That you agree to be bound by the terms and conditions applicable to each account requested, as contained in the Glendale City Employees FCU Membership Agreement and Disclosure. (3) That the credit union is authorized to receive any of the signatures below for the transaction of any business on any account on which that party is named as an owner. (4) That you authorize us to gather whatever credit, account and employment information we consider appropriate from time to time to verify your eligibility for various accounts and services.

* **Taxpayer Identification Number (TIN) Certification:** Under penalty of perjury, you certify, that the Social Security Number listed on this form is your correct TIN; that you are a US citizen or resident alien; that you are not subject to backup withholding, either because you have not been notified that you are subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified you that you are no longer subject to back withholding.

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

JOINT ACCOUNT HOLDER'S SIGNATURE

DATE

SIGNATURE

DATE

Enjoy the benefits of membership

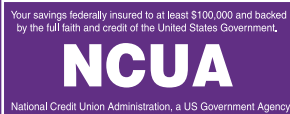
Glendale City Employees Federal Credit Union is a member-owned financial cooperative whose purpose is to provide you with the best possible services at the lowest cost.

To join, complete this application and return it to our office with a check for the one-time \$5 membership fee* and your minimum opening deposit of \$25.

*Children under 13 years of age join free of charge

Please check additional accounts or services you would like more information about:

- Checking accounts
- MasterCard debit card
- Free Bill Pay / Home Banking
- Direct deposit / Payroll deduction
- PERS deduction
- Regular share savings
- Share Certificate accounts
- Moneyflex market account
- Individual Retirement Accounts
- Coverdell Education Savings accounts
- Line of credit
- New or used vehicle loan
- RV, motorcycles or boat loan
- Share-secured loan
- Personal loan
- Computer loan (city program)
- Real Estate Loans
- Home Equity Line of Credit
- Youth Accounts



WHO WE SERVE

- Employees of the City of Glendale
- Immediate family of Glendale City Employees FCU members
- Friends of the Glendale Public Library



NAME		DATE OF BIRTH	
HOW ARE YOU ELIGIBLE FOR MEMBERSHIP? <input type="checkbox"/> CITY EMPLOYEE <input type="checkbox"/> FRIENDS OF THE GLENDALE PUBLIC LIBRARY <input type="checkbox"/> RELATIVE OF MEMBER <input type="checkbox"/> PUBLIC LIBRARY			
ADDRESS		PRINT CITY DEPARTMENT OR NAME OF MEMBER-RELATIVE	
HOME PHONE ()	WORK PHONE ()	EXT	STATE
*SOCIAL SECURITY #	DRIVER LICENSE / STATE ID#		ZIP
OCCUPATION	EMPLOYER		E-MAIL ADDRESS
NAME		DATE OF BIRTH	
Joint account holder			
ADDRESS		CITY	
HOME PHONE ()	WORK PHONE ()	EXT	STATE
SOCIAL SECURITY#	DRIVER LICENSE / STATE ID#		ZIP
OCCUPATION	EMPLOYER		E-MAIL ADDRESS

Complete reverse side ▶