



agreement

products and services

JOIN US! Membership Invitation

In this Membership Invitation “I”, “Me” and “My” mean each and every person who signs on the reverse. “You” and “Your” mean American Federal Credit Union. If I am not currently a member, I hereby make application for membership in American Federal Credit Union. By signing on the reverse I request access to AFCU Internet (iTeller). I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the 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 authorize you to open other accounts(s) for me in person or per my telephone request.

I authorize you to gather whatever 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 Membership Invitation and any other information you may receive.

Signature Verification

Driver’s License or I.D. cards

IMPORTANT: for verification of signatures only, all applicants (Primary and 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, U.S. Passport, a Resident Alien Card or military I.D.

All I.D.’s must contain a photograph.

savings and checking

- Share Savings
- Share Draft (Checking)
- Share Certificate
- Individual Retirement Accounts (IRA)
- Holiday Club

vehicle & personal loans

- Vehicle Loans (New and Used)
- Mobile Homes
- Personal Loans
- Personal Lines of Credit
- Overdraft Line of Credit
- VISA® Credit Card

real estate

- First and Second Mortgage
- Home Equity Line of Credit (HELOC)

financial services

- Credit Life & Disability*
 - Accidental Death & Dismemberment (AD&D)
 - Life Insurance*
 - Auto & Homeowners Insurance*
- *Offered through CUNA Mutual Group

convenience services

- ATM/Debit Card
- Internet Teller
- Direct Deposit
- Automatic Deduction

additional services

- Money Orders
- Wire Transfers
- Credit Life & Disability Insurance on Loans
- Mechanical Repair and GAP Coverage
- Discount to Area Attractions
- Discount Movie Tickets



CREDIT UNION USE ONLY

Check Sys OFAC

Description of Resolution of any Substantive Discrepancy _____

Verified By _____
Print Name Title

Signature _____ Date _____

Approved By _____
Print Name Title

Signature _____ Date _____



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Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government. National Credit Union Administration (NCUA), a U.S. Government Agency. Additionally, IRA accounts are federally insured by the same government agency for up to \$250,000. Equal Opportunity Lender. Equal Housing Lender.



membership invitation...

To join, simply complete and return the application to American Federal CU, include a photocopy of a government-issued I.D. as stated on the reverse.

Member Number: _____

- Account Status: New Revision
 Individual Account
 Joint Account

Important Information About Procedures for Opening a New Account: To help 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.

PRIMARY OWNER INFORMATION				JOINT OWNER INFORMATION			
Member Name (Last)	First	Middle Initial		Joint Owner Name (Last)	First	Middle Initial	
Address				Address			
City	State	Zip		City	State	Zip	
Birth Date (MM/DD/YYYY)	Marital Status	Home Phone ()		Birth Date (MM/DD/YYYY)	Marital Status	Home Phone ()	
Employer Name	Business Phone ()		Ext.	Employer Name	Business Phone ()		Ext.
E-mail	Cell Phone ()			E-mail	Cell Phone ()		
Mother's Maiden Name	Driver's License Number			Mother's Maiden Name	Driver's License Number		

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION	
My taxpayer identification number is (Social Security Number): _____	My taxpayer identification number is (Social Security Number): _____
Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. I am a U.S. person (including a U.S. resident alien) and that <input type="checkbox"/> I am not subject to backup withholding. <input type="checkbox"/> I am subject to backup withholding as a result of a failure to report all interest or dividends.	Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. I am a U.S. person (including a U.S. resident alien) and that <input type="checkbox"/> I am not subject to backup withholding. <input type="checkbox"/> I am subject to backup withholding as a result of a failure to report all interest or dividends.

HOW ARE YOU ELIGIBLE FOR MEMBERSHIP? (check one and fill in below)

Employee of _____
 Relative of (Member's Name & Account Number) _____
 Other _____

SELECT ACCOUNTS AND SERVICES

Membership Fee (\$5.00 one-time non-refundable fee) \$ 5.00
 Regular Share Savings (\$25.00 minimum one-time initial deposit) \$ _____
 Share Draft Checking (\$25.00 minimum initial deposit) \$ _____
 Checking Overdraft Options: pay any overdrafts from the following account:
 Savings Account Overdraft Line of Credit
 ATM Card (\$10.00 fee) Second card for joint owner (\$10.00 fee) \$ _____

VISA® Debit Card Second card for joint owner
 Share Certificate (\$2500.00 minimum deposit to open) \$ _____
 3-Month 6-Month 12-Month 24-Month 36-Month Other
 IRA Share Certificate Roth IRA Certificate Coverdell E.S.A. \$ _____
 (\$500.00 minimum deposit to open)
 1-Year 2-Year 3-Year
 Holiday Club (\$25.00 minimum deposit to open) \$ _____

TOTAL DEPOSIT ENCLOSED: \$ _____

BENEFICIARIES (P.O.D.) PAYEE(S)

In the event of my death, or if there is more than one owner of this account, in the event of death of all the owners, the owner(s) hereby designated as P.O.D. Payee(s) to receive all sums in my/our account established on this form:

Name	Social Security Number	Birth Date	Relationship
Address	City	State	Zip

ACKNOWLEDGEMENT (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 American Federal Credit Union. I acknowledge receipt of the Electronic Services Disclosure and Agreement, Truth-in-Savings, and the Fees and Policies Brochure 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.

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

Primary Owner Signature _____ Date _____
 Joint Owner Signature _____ Date _____

<h4>Consent of Spouse</h4> <p>This section is to be completed by the spouse of any account owner who is not listed as a joint owner. I understand that my spouse (the party named above as Member/Owner) has designated this account to be held individually in his/her name and I agree to such designation.</p> <p>Signature _____ Date _____ Spouse of _____</p>	<h4>Consent of Spouse</h4> <p>This section is to be completed by the spouse of any account owner who is not listed as a joint owner. I understand that my spouse (the party named above as Member/Owner) has designated this account to be held individually in his/her name and I agree to such designation.</p> <p>Signature _____ Date _____ Spouse of _____</p>
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