

Empty rectangular box for stamp or marking.

LAST

FIRST

MEMBER NO

Fiscal Credit Union Account Signature Card

Membership Update:

Employer _____ Occupation _____

Name Change Primary/Joint (Previous Name): _____

Services Requested: Add Remove Update

Joint Owner Pay-On-Death Payee

Holiday Club Savings Insured Money Market Checking VISA Check Card

Type of Checking Account: _____

[OFFICE USE ONLY] SD Conversion # _____

Account Ownership:

Individual Joint Account With Pay-On-Death Payee

Last Name (Please Print) First Name Middle Initial

Street Address

City State Zip Code

(_____) _____ (_____) _____
Home Phone Business Phone Ext.

(_____) _____
Cell Phone E-Mail Address (optional)

Date of Birth Social Security Number

Driver's License Number Mother's Maiden Name

In this Signature Card "I" and "My" mean each and every person who signs below. "You" and "Your" mean Fiscal Credit Union. I understand that I will be given access to Expressline Audio Response Service. 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, Term Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement. I understand and agree that this Signature Card shall govern the Regular Share (Savings), Share Draft (Checking), ATM Card, VISA Check Card (Debit Card) and Expressline Audio Response Service and other accounts designated above. I authorize you to open other account(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 Signature Card and any other 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.

All Applicants for Fiscal Credit Union membership must provide a current, valid U.S. Government or State-Issued photo identification, such as a California I.D., a Driver's License or a Military I.D. As required by law, the Credit Union must verify the identity of each person seeking to open or add a signer to an account, including joint owners, beneficiaries and co-borrowers. In addition, the Credit Union must maintain records of the information used to verify each person's identity.

Note: Your residence address will be required on your membership application. You may list P.O. Boxes or mailing addresses, but only in addition to your residence address.

I understand that I must be a member in good standing to take advantage of Fiscal Credit Union products and services.

X _____
Signature Dated

JOINT OWNER, IF ANY, MUST SIGN ON REVERSE



By member choice, this institution is not federally insured and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. Accounts with this institution are not insured by any state government. Accounts are insured by ASI.

