



**Sea West Coast Guard
Federal Credit Union**
P.O. Box 4949
Oakland, CA 94605
(800) SEA-WEST (732-9378)

Membership Application

Requires \$5.00 Minimum Deposit, and copy of Valid State/Government ID for identification verification.

Membership Eligibility: How are you eligible for membership?

I am an employee of: _____

I belong to: _____

I am an immediate relative of: _____ who is a Sea West member.

Member No: _____

Savings Sub _____

Checking Sub _____

Term Cert. Sub _____

Address _____ City _____ State _____ Zip code _____

Phone () _____ My relationship to member is: _____

I reside with a Sea West Member _____ Phone () _____

Applicant Information

Last Name: _____ First: _____ Initial _____ Sr. Jr. Title: _____

Social Security No. [][][][][][][][][] Birthdate / / _____

Driver's License No. _____ State: _____ Mother's Maiden Name _____

Home Address _____ City _____ State _____ Zip code _____

Home Phone () _____ Work Phone () _____ Email _____

Mailing Address _____ City _____ State _____ Zip code _____

Joint Owner Information: My accounts, except for IRA, are to be joint accounts, unless there is only one authorized signature. Funds in the account at the death of an owner, pass to the surviving owner.

Last Name: _____ First: _____ Initial _____ Sr. Jr. Title: _____

Social Security No. [][][][][][][][][] Birthdate / / _____

Driver's License No. _____ State: _____ Mother's Maiden Name _____

Home Address _____ City _____ State _____ Zip code _____

Home Phone () _____ Work Phone () _____ Email _____

Mailing Address _____ City _____ State _____ Zip code _____

Beneficiary Information: Pay on Death Beneficiary:

The following beneficiary(s) is to receive the proceeds of my accounts after the death of all joint owners.

Specify which accounts: Savings Sub Checking Sub Term Cert. Sub

Last Name _____ First _____ Initial _____ Social Security No. [][][][][][][][][]

City: _____ State: _____ Zip code _____ Phone () _____

Specify which accounts: Savings Sub Checking Sub Term Cert. Sub

Last Name _____ First _____ Initial _____ Social Security No. [][][][][][][][][]

City: _____ State: _____ Zip code _____ Phone () _____

I would like more information about:

- Credit Cards (Secured/Unsecured)
- Master Money Card (Debit Card)
- Auto Loans
- Mortgages/Home Equity Loans
- R.V. / Boat Loans
- ATM Card
- Direct Deposit
- Overdraft Protection
- Automatic Transfer
- IRA Accounts (Traditional/Roth)

Terms and Conditions

- I include my initial savings account deposit of \$ _____ including my \$5.00 minimum balance requirement.
- Any person who signs this agreement may deposit or withdraw any amount in the accounts. A withdrawal of funds terminates the rights of the other owners to the amount withdrawn. Should any owner die, the other owner will automatically own any money in the accounts, except for Business Accounts and IRA's.
- I understand that your policy and the law permit you to delay the deposit of non-cash items into my account as shown in the Master Account Disclosure and Agreement.
- I authorize you to make internal transfers between accounts, or to disburse funds out of my accounts by Credit Union check made payable to me only, on my telephone request. This is a continuing authorization to open any other account and deposit funds for me on my verbal request.
- Checking account overdrafts will be paid by advances from my Overdraft Protection loan, if I obtain one. Otherwise, they will be taken from savings first.
- I authorize you to check my credit through a national source to verify my previous checking account history and credit standing.

Certification for Taxpayer Identification Number

- I am subject to backup withholding
- I am *not* subject to backup withholding

By signing below, I certify under penalties of perjury that the Taxpayer ID/Social Security number shown on this form is correct (or I am waiting for a number to be issued to me), and that I am not, unless designated above, subject to back-up withholding because: (a) I am exempt from back-up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up 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 back-up withholding, and I am a U.S. person (including a U.S. resident alien).

I apply for membership and certify under penalties of perjury that the specified membership eligibility information I provided to the Credit Union is true and correct. I acknowledge receipt of the Master Account Disclosure and Agreement.

Member Signature

Date

Joint Owner Signature

Date

Credit Union Use Only

Eligibility	<input type="checkbox"/> Approved	Membership Officer Signature	Date / /
<input type="checkbox"/> Account Close	Date / /		