



RCU MEMBERSHIP APPLICATION

Join RCU Today! It's easy. Simply:

- 1. Complete this form in full (three pages total)
- 2. **Sign the completed form**
- 3. Attach a check for at least \$15 (*ten dollars will be applied to your one-time non-refundable membership fee, and at least \$5 per Member will be used to open your share savings account, which will establish your membership.*)
- 4. Please enclose a copy of one of the following for each Member: State Driver's License, State ID Card, Passport, or Military ID. **NOTE:** Your identification must be current and the copy must be legible. For security, your ID must include your photograph, residence street address and **your signature.**
- 5. Return your completed application, check and copy of your ID via U.S. mail to the address above or drop by any RCU office and we'll take care of the rest. If you have any questions about membership, please contact us at **(800) 479-7928.** *Note: Please save a copy of this form for your records.*

Mail to:
 Redwood Credit Union
 P.O. Box 6104
 Santa Rosa, CA 95406-0104

MEMBERSHIP ELIGIBILITY

I am eligible because (check any that apply):

- I live or work in Sonoma, Marin, Napa, Lake, Mendocino, San Francisco, Solano, or Contra Costa County in California
- I am related to a Member of Redwood Credit Union. Please provide details below:

Member Name: _____

Address: _____

Relationship to me: _____

- I work for the following company or belong to the following association that is in RCU's field of membership

- Or describe why you are eligible here:

ACCOUNT AUTHORIZATION

I am applying for membership and have enclosed a check that includes my one-time \$10 membership fee and at least \$5 per Member to open my share savings account required to establish membership. Please also open the accounts indicated below. I understand they will be opened upon my depositing funds in them.

ACCOUNT TYPE	MINIMUM REQUIRED TO OPEN		OPEN ACCOUNT (S) WITH THIS AMOUNT
<input checked="" type="checkbox"/> One-Time Membership Fee	\$10		\$10.00
<input type="checkbox"/> Regular Share Savings (Mandatory)	\$5 (per Member)		
<input type="checkbox"/> No Fee Checking	\$0		
<input type="checkbox"/> Dividend Checking	\$500		
<input type="checkbox"/> High Balance Dividend Checking	\$2,500		
<input type="checkbox"/> Money Market	\$5		
<input type="checkbox"/> Share/IRA Certificate	\$1,000		
Term:	<input type="checkbox"/> 3 month <input type="checkbox"/> 6 month <input type="checkbox"/> 9 Month <input type="checkbox"/> 18 month <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year		<input type="checkbox"/> 1 year <input type="checkbox"/> 5 year
TOTAL Amount enclosed:			\$ <input style="width: 100px;" type="text"/>

REQUEST FOR INFORMATION

Please send me information on the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 st Mortgage/Home Equity Loans | <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Investment / Brokerage |
| <input type="checkbox"/> Individual Retirement Account (IRAs) | <input type="checkbox"/> Online Services | <input type="checkbox"/> Insurance Services |
| <input type="checkbox"/> Auto Purchasing | <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> Business Services |



PRIMARY MEMBER INFORMATION

First Name	Middle Initial	Last Name
Social Security Number	Mother's Maiden Name	Date of Birth
Residence Street Address		
City	State	Zip Code
Mailing Address if different from above		
Daytime Telephone Number	Evening Telephone Number	Email Address
Identification Number (i.e. Drivers License number)		ID Type: (i.e. Drivers License, Military ID)
Employer		Occupation

JOINT MEMBER INFORMATION

First Name	Middle Initial	Last Name
Social Security Number	Mother's Maiden Name	Date of Birth
Residence Street Address		
City	State	Zip Code
Mailing Address if different from above		
Daytime Telephone Number	Evening Telephone Number	Email Address
Identification Number (i.e. Drivers License number)		ID Type: (i.e. Drivers License, Military ID)
Employer		Occupation

DESIGNATION OF BENEFICIARIES

Pay on Death Beneficiary: The following beneficiary(ies) is/are to receive the proceeds of all share accounts held under the account number established under this application at my death. If the accounts established under this Membership number are joint, the named beneficiary(ies) will receive the proceeds only after the death of all owners. Proceeds will be paid in equal shares unless different percentages are indicated here.

Full Name: (First, middle, last)	Relationship	Date of Birth	Percentage (%)
Address:			
Full Name: (First, middle, last)	Relationship	Date of Birth	Percentage (%)
Address:			



CONSENT TO MEMBERSHIP TERMS

1. I understand that upon approval of my application for membership, RCU will forward to me a Member Account Disclosure and Privacy Disclosure, and that the use of my RCU account(s) is/are subject to the terms contained in the Member Account Disclosure. I agree not to receive the Privacy Disclosure at this time. Additionally, by submitting this application, I authorize the Credit Union to check my credit to verify that my previous accounts(s) history is satisfactory. I understand that the IRS does not require my consent to any term of this document other than the certifications required to avoid backup withholding. 2. Unless only one person signs this application, any RCU share accounts established under this application, except individual retirement or fiduciary share accounts, (which require separate applications) will be joint share accounts with right of survivorship. Upon the death of one owner, the other owner will automatically own all share accounts. Any owner, acting alone, can withdraw all funds from share accounts established under this Application. 3. RCU can process transaction requests on my share accounts consistent with the Handbook. 4. By signing this Application, I give RCU a continuing authorization to open share accounts for me upon my oral or written request and deposit of funds. 5. Electronic Fund Transfer (EFT) services: By opening an account, I request a 24-Hour Telephone Teller PIN, an ATM Card if no share draft account is established, a VISA Debit Card if a share draft account is established, and an RCU Online Banking and Bill Pay PIN. If I do not want these EFT services, I have initialed here: _____. 6. If I make misleading statements regarding my membership eligibility, RCU may immediately cancel my membership, close my accounts, and call my loans due and payable in full. *By joining RCU, I agree that if I become indebted to RCU in any manner (including by accessing credit RCU makes available to me via plastic card), and I default on my payment obligations, RCU can take any RCU shares in which I have an interest (unless prohibited by law or the account or the share agreement) to recover all or part of what I owe without notice to me and without waiving other collection rights. This is not a pledge by me of specific shares and will not affect my right to withdraw shares prior to my default and RCU's exercise of its rights under this consent.*

Primary Member Signature	Date
Joint Member Signature	Date

Your signature must be included on this form in order to process your request.

OVERDRAFT PROTECTION: If I establish one or more RCU share draft checking accounts, overdrafts will be handled as follows: (a) If I am a borrower on any RCU credit card account, signature line of credit, or Home Equity Line of Credit where the credit agreement provides for overdraft protection, funds will be advanced from the line of credit to cover overdrafts according to the terms in the credit agreement. Any person authorized to write checks on my Checking Account (joint owner, holder of a power of attorney, etc.) can access my line of credit for overdraft protection, even if they are not a borrower on the line of credit. (b) If I designate an RCU share account as an overdraft protection source, funds will be transferred from the account to cover overdrafts according to the terms of the account agreement. Any person authorized to write checks on my Checking Account can access my share account for overdraft protection, even if they are not an owner of the account. (c) If I have more than one overdraft protection source with available funds or credit, RCU can decide which source to access to cover overdrafts. (d) Even if I do not establish an RCU line of credit or share account as an overdraft protection source, RCU may, if I am in good standing, elect to pay items that overdraft my share draft account. If this occurs, RCU will notify me and I will restore any negative balances promptly.

NOTICE REQUIRED BY USA PATRIOT ACT: You must provide your name, address, date of birth and other information that will identify each person who signs this application. RCU can ask to see your identifying documents. We may retain copies of your identifying documents. We may also use outside sources, such as consumer reporting agencies, to confirm the information you provide to us.

TAXPAYER IDENTIFICATION CERTIFICATION (SIGNATURE REQUIRED)

CERTIFICATION: I certify under penalties of perjury that (a) the Social Security Number or Employer ID number shown on the other side of this Application is my correct U.S. Taxpayer Identification Number, (b) I am a U.S. person, and (c) I am not subject to backup withholding because (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding. If I am subject to backup withholding, I have initialed this space: ____ I understand the IRS does not require my consent to any term of any agreement with Redwood Credit Union except the certifications required to avoid backup withholding.

Primary Member Signature	Date
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FOR CREDIT UNION USE ONLY

Date Share Account Opened:	Opened by:	Date Share Account Opened:	Opened By:	Membership Eligibility Code:
Signature Card Update:			Initial:	Date: