



RCU Youth Account Application

YES!

I want to open the following account(s):

- Jr. Ranger (Up to 12 yrs.) Jr. Partner (13-17 yrs.)
- Membership Savings (\$5 per Member)

CU Use: New Account # _____

- Checking (Jr. Partner only)* ATM Card (Jr. Partner only)*

*Completed Parental Consent form required — available at any RCU branch location or call our Member Service Center at (800) 479-7928.

Primary Member (Child's) Information

First Name _____ Last _____

Mailing Address _____

City _____ State _____ Zip _____

Social Security # _____

Birthdate _____ Mother's Maiden Name _____

Home Phone # _____

email _____

Joint Member (Parent/Guardian's) Information

First Name _____ Last _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

Social Security # _____

Home Phone # _____ Work Phone # _____

Driver's License #/Other ID # _____ ID Type _____

Birthdate _____ Mother's Maiden Name _____

Employer _____ Occupation _____

email _____

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.

Name	Relationship	Ownership %

USA PATRIOT ACT: Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens your 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.

CU ONLY

Opened By _____ Date _____

Membership Officer Signature _____ Date _____

OVERDRAFT PROTECTION: If I establish one or more RCU 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 Checking account. If this occurs, RCU will notify me and I will restore any negative balances promptly.

AGREEMENTS:

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 Member Account Disclosure. 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 (if applicable) a 24-Hour Telephone Teller PIN, an ATM Card if no Checking account is established, a VISA Debit Card if a Checking 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's Signature _____ Date _____

Joint Member's Signature _____ Date _____

SUBSTITUTE W-9 PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER CERTIFICATION:

I certify under penalties of perjury that (a) the Social Security Number or Employer ID number shown on 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.

Signature: X _____ Date: _____
(Primary Member's Signature)