



## Membership Application Requirements

- \$5.00 one-time Membership Fee
- \$25.00 minimum deposit to open a Share Savings Account\*
- A fully completed Member Service Request Form
- A color copy of a valid state or government identification (Drivers License, State ID, Passport)
- A copy of a work ID from an eligible company or group.

\*Your Share Savings Account is required to join Fox FCU and it represents your one equal share as a Member-owner of the credit union, which is a not-for-profit cooperative. It is the only required account and it provides membership eligibility and entitles you to the many benefits of the credit union.

### Additional Accounts:

- \$25.00 minimum opening deposit for Share Draft Checking
- \$2,500.00 minimum opening deposit for Money Market

### Options for funding your new account:

- Mail your check or money order payable to: Fox Federal Credit Union
- Complete Debit Card Authorization Form for one time funding \*\$100 Maximum
- Visit One of our Branches

#### **Fox Federal Credit Union**

Attn: Member Services  
P.O. Box 641849  
Los Angeles, CA 90064

#### **Fox Federal Credit Union**

Attn: Member Services  
1990 Westwood Blvd, Suite 270  
Los Angeles, CA 90025

#### **Fox Federal Credit Union**

Attn: Member Services  
1211 Avenue of the Americas  
Level C-1  
New York, NY 10036

#### **Fox Federal Credit Union**

10201 West Pico Blvd  
Bldg. 57  
Los Angeles, CA 90064  
\*Restricted Access

# Member Services Request

NEW       UPDATE      DATE: \_\_\_\_\_      MEMBER NO: \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the 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 when opening a new 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.**

## MEMBER/OWNER INFORMATION

Update

Member/Owner Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Listed  Unlisted Email: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

*The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.*

## ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual       Joint Account with Rights of Survivorship       Joint Account without Rights of Survivorship

## JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Joint Owner       UTMA/UGMA Custodian       Agent       Other Authorized Signer (Describe): \_\_\_\_\_  
 Add       Update       Remove      See Account Authorization Card

Name #1: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Listed  Unlisted Email: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Joint Owner       Agent       Other Authorized Signer (Describe): \_\_\_\_\_  
 Add       Update       Remove      See Account Authorization Card

Name #2: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Listed  Unlisted Email: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

**JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)**

Joint Owner    Agent    Other Authorized Signer (Describe): \_\_\_\_\_  
 Add    Update    Remove   See Account Authorization Card

Name #3: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Listed  Unlisted Email: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

**ACCOUNT TYPES**

Share/Savings: \_\_\_\_\_  Add  Remove    Money Market: \_\_\_\_\_  Add  Remove  
 Share Draft/Checking: \_\_\_\_\_  Add  Remove    Other: \_\_\_\_\_  Add  Remove  
 Share Certificate/Certificate: \_\_\_\_\_  Add  Remove    Other: \_\_\_\_\_  Add  Remove

**ACCOUNT SERVICES**

ATM Card: \_\_\_\_\_  Add  Remove    Overdraft Protection    Update  
 Debit Card: \_\_\_\_\_  Add  Remove   Indicate transfer priority:  
 Audio Response: \_\_\_\_\_  Add  Remove   1. \_\_\_\_\_  
 Internet Banking: \_\_\_\_\_  Add  Remove   2. \_\_\_\_\_  
 Mobile Banking: \_\_\_\_\_  Add  Remove   3. \_\_\_\_\_  
 Bill Payment: \_\_\_\_\_  Add  Remove   4. \_\_\_\_\_  
 Other: \_\_\_\_\_  Add  Remove

**ACCOUNT DESIGNATIONS**

Payable on Death (POD)/Trust Account    All Accounts    Designate Specific Accounts: \_\_\_\_\_  
 Add    Update    Remove    Add    Update    Remove  
Beneficiary/POD Payee: \_\_\_\_\_   Beneficiary/POD Payee: \_\_\_\_\_  
SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_   SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street: \_\_\_\_\_   Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_   City/State/Zip: \_\_\_\_\_

**UTMA/UGMA**  
\_\_\_\_\_ (as custodian for \_\_\_\_\_ (Minor)  
under the \_\_\_\_\_ Uniform Transfers/Gifts to Minors Act.) Minor's SSN/TIN: \_\_\_\_\_

**Agency**    All Accounts    Designate Specific Accounts: \_\_\_\_\_  
Name of Agent: \_\_\_\_\_

Signature	Date
<b>X</b>	

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

*Under penalties of perjury, I certify that:*

- (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and*
- (2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup 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 backup withholding, and*
- (3) *I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

**Certification Instructions.** Check the box for item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

**AUTHORIZATION**

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

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

Member/Owner	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

**FOR CREDIT UNION USE ONLY**

Date of Membership: \_\_\_\_\_ Opened/Approved By: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

Member Verification: \_\_\_\_\_

Verification List(s) Checked:  OFAC  Other: \_\_\_\_\_

List Verification Completion Date: \_\_\_\_\_ By: \_\_\_\_\_

Reports Checked:  Credit Report  Check Verification Report  Other: \_\_\_\_\_

Overdraft Protection Opt-in Completion Date: \_\_\_\_\_

FOX FEDERAL CREDIT UNION® is a trademark of Fox Media LLC. Fox Federal Credit Union (CU) is a legal entity separate and distinct from Fox Media LLC and its parents, affiliates and subsidiaries. As such, Fox Media LLC is not legally responsible for the actions of the CU or of its officers or employees, nor is the CU legally responsible for any actions of Fox Media LLC.



**Fox Federal Credit Union**

1990 Westwood Blvd., Suite 270  
Los Angeles, CA 90025  
(310) 432-2344

**Initial Deposit Debit Card Payment Authorization Form**

Sign and complete this form to authorize Fox Federal Credit Union to make a one-time debit to your **DEBIT CARD** listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ authorize Fox Federal Credit Union to charge my **DEBIT CARD**  
(full name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount not to exceed \$100) (date)

Initial Deposit  
(description of payment)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above-named business to charge the **DEBIT CARD** indicated in this authorization form according to the terms outlined above. This payment authorization is for the payment(s) described above, for the amount indicated above only, and is valid for one-time use only. I certify that I am an authorized user of this **DEBIT CARD** and that I will not dispute the payment with my **DEBIT CARD** issuer; so long as the transaction corresponds to the terms indicated in this form.