



Membership Application

Internal Use Only:

Account #

Primary Member Name

☐ New Member

☐ Individual Account ☐ Joint Account

Thank you for your interest in becoming a member of TCFCU. Please complete and sign the application below and mail your application to: Tulare County Federal Credit Union 300 North K Street, Tulare CA 93274 or fax to 559-684-0683. Once your application is received and processed, one of our Call Center Representative will call to set up an appointment to complete your account.

Primary Member

Last Name	First Name	MI	Social Security #	Date of Birth	Mother's Maiden Name
Address		City	State	ZIP	
Home Phone	Cell Phone	Email Address	Drivers License State, Number & Exp. Date)		
Employer	Position	Business Phone			

Joint Member

Last Name	First Name	MI	Social Security #	Date of Birth	Mother's Maiden Name
Address		City	State	ZIP	
Home Phone	Cell Phone	Email Address	Drivers License State, Number & Exp. Date)		
Employer	Position	Business Phone			

Designation of Beneficiary (Pay-on-Death Payee)

Shares Beneficiary

In the event of my death and all other joint owners predecease me; I hereby designate the person(s) whose name(s) appears below as my beneficiary to receive any and all amounts in this account(s).

Name of Primary Member Beneficiary	Address	Phone Number
Name of Joint Member Beneficiary	Address	Phone Number

ACKNOWLEDGEMENT OF RECEIPT AND ACCEPTANCE OF TRUTH-IN-SAVINGS DISCLOSURE

By signing below I/we acknowledge that I /we have received a copy of the Credit Union's Truth -in- Savings Disclosure ('Disclosure') and that I/we have received a copy of the current Rate and Fee Schedule. All of the terms, conditions and information contained in the disclosure and any amendments thereto ('Application') are by this reference incorporated in their entirety into this membership application and account agreement ('Application'). I/we agree to pay the Credit Union all of its costs and reasonable attorneys' fees, including all collection costs, litigation costs, skip-tracing fees, and outside fees incurred while enforcing its rights under this Agreement. I/we authorize the Credit Union to obtain credit reports in connection with this account and any future services provided by the Credit Union as permitted by law. I/we agree to be bound by the terms and condition of the Disclosure and Application. I/we understand that the Credit Union may verify all information I/we have given on the Application. I/we hereby give my consent for you and others acting on your behalf to contact me at any telephone number (including any wireless phone or VoIP number) I give to you or you obtain from any other source using any calling or texting technology (including any automatic telephone dialing system, artificial voice or prerecorded voice) regarding this account or any other relationship I now or later have with you. I have not provided and I agree I will not provide to you any telephone number unless I am the subscriber to the service or the customary user of the telephone to which that number relates unless I tell you in writing. I agree that if I agree that I revoke this authorization I will do so in a way that is likely to provide you with notice in time to process that revocation before you make any further call or send any further texts, such as by using one of the methods set forth on the Credit Union Website.

Member Signature	Date	Joint Owner Signature	Date
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Internal Use Only:

Chex System Inquire Done on: ☐ Primary ☐ Joint ☐ Joint
ID Verified on: ☐ Primary ☐ Joint ☐ Joint
OFAC Verified On: ☐ Primary ☐ Joint ☐ Joint

☐ Account Agreement and Disclosures Provided:
☐ Rates and Fee Schedule Provided:

Employee Name - Print	Date
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Membership Officer - Print	Date
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