

NEW ACCOUNT APPLICATION



PLEASE PRINT CLEARLY OR TYPE. COMPLETE ALL APPLICABLE SECTIONS & SIGN WHERE INDICATED.

ACCOUNT NAME:		ACCOUNT NUMBER:		
ACCOUNT TYPE	<input type="checkbox"/> Savings <input type="checkbox"/> Add'l Svgs <input type="checkbox"/> Checking: <input type="checkbox"/> Advantage <input type="checkbox"/> Premier <input type="checkbox"/> High Rate <input type="checkbox"/> Holiday/Vacation Club <input type="checkbox"/> Money Mkt <input type="checkbox"/> Market Max <input type="checkbox"/> Certificate <input type="checkbox"/> IRA <small>ADDITIONAL PAPERWORK REQUIRED</small>			UPDATE INFO: <input type="checkbox"/> Change Name <input type="checkbox"/> Change Ownership
	OWNERSHIP TYPE (Check One Box) <input type="checkbox"/> Individual <input type="checkbox"/> Joint Tenants with Rights of Survivorship <input type="checkbox"/> Written Trust <input type="checkbox"/> Uniform Transfer to Minors <input type="checkbox"/> Fiduciary			
ADDITIONAL SERVICES	<input type="checkbox"/> Debit Card (must have checking) OR <input type="checkbox"/> ATM Card Only Please issue card for Account Holder: <input type="checkbox"/> 1 <input type="checkbox"/> 2			
	<input type="checkbox"/> Telephone Banking <small>Free Automated Service</small> <input type="checkbox"/> Online/Mobile Banking <small>Includes free Web BillPay</small> <input type="checkbox"/> E-Statements <input type="checkbox"/> E-Mail Address			

ACCOUNT HOLDER 1 (please print)	First	Middle	Last	Social Security #	Birth Date
	Home Address		City	State	Zip
	Home Phone	Work Phone	Mobile Phone	Mother's Maiden Name	
	Occupation/Profession	Employer	ID/Driver's License #	State	Date Last Issued Expiration Date
	Mailing Address (if different from home address)		City	State	Zip

ELIGIBILITY	Qualified Company or Association		Relationship	Relative
	Note: If you are not eligible through one of the available companies or associations, simply enroll in the American Consumer Council.			
	<input type="checkbox"/> Yes, I want to join the American Consumer Council. <i>(There is no cost to join. We will forward your name and address to the ACC to enroll you in their organization.)</i>			

ACCOUNT HOLDER 2 (please print)	First	Middle	Last	Social Security #	Birth Date
	Home Address		City	State	Zip
	[]	[]	[]		
	Home Phone	Work Phone	Mobile Phone	Mother's Maiden Name	
	Occupation/Profession	Employer	ID/Driver's License #	State	Date Last Issued Expiration Date

BENEFICIARY(IES) <i>By designating a beneficiary, your account will be structured as a Totten trust.</i> SUCCESSOR TRUSTEE/ CUSTODIAN UNIFORM TRANSFER TO MINOR	First	Middle	Last	Social Security #	Birth Date
	Home Address		City	State	Zip
	First	Middle	Last	Social Security #	Birth Date
	Home Address		City	State	Zip
	First	Middle	Last	Minor's Social Security #	Minor's Birth Date

TIN CERTIFICATION & BACKUP WITHHOLDING INFORMATION	By signing below, I certify under penalties of perjury that the Social Security Number/Tax ID Number shown above is my correct Tax Identification Number and that I am NOT, unless designated below, 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. I further certify that unless otherwise designated below, I am a U.S. person (including a U.S. resident alien).				
	<input type="checkbox"/> I am subject to backup withholding <input type="checkbox"/> I am not a United States citizen or resident (complete Form W-8BEN)				

I/WE HEREBY make application for membership in and agree to conform to the bylaws and policies, as amended, of Logix Federal Credit Union (Logix). I/We certify that the information provided on this New Account Application is true and correct and understand that my/our signature(s) on this Application apply to all accounts under my/our name(s). I/We agree to be bound to the terms and conditions of this and all account agreements with Logix now or in the future, including, but not limited to, the Membership Accounts Agreement and Disclosure, the Schedule of Service Charges and Fees and the Account Rate Sheet, which have been provided to me/us, and which are incorporated into and made part of this New Account Application as though they were set forth in length. I/We agree that Logix may charge against my/our account(s) any debt owed by me/us to Logix Federal Credit Union, now or in the future, without going through any legal process or court proceeding. If this is a joint account, Logix may charge the debt(s) owed by me/us to Logix by any or all of us against the deposits of any or all of us. I/We agree that Logix may access credit information concerning my/our account(s) now and/or in the future and understand that my/our Application to establish an account will be verified through a credit reporting agency. I/We authorize you to obtain as necessary any information from the California State Department of Motor Vehicles (or applicable state) and waive the address confidentiality requirement of section 1808.21 of the California Vehicle Code or any similar state or federal regulation. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

SIGNATURE(S) X	SIGNATURE(S) X
Account Holder 1	Account Holder 2
Date	Date

