



MASTER INDIVIDUAL AND JOINT MEMBERSHIP ACCOUNT CARD

CREDIT UNION USE ONLY

Member #	Name – Last	First	Middle Initial
<input type="checkbox"/> CU535 <input type="checkbox"/> 00 message	Op. # _____	<input type="checkbox"/> Amendment _____	
<input type="checkbox"/> Disclosures <input type="checkbox"/> BayPhone <input type="checkbox"/> Check Systems			

PERSONAL INFORMATION

Primary Member Name <i>(please print last name first)</i>		Social Security #	
Street Address <i>(residential)</i>	City	State	Zip
Mailing Address <i>(if different from above)</i>			
Work Phone Number () ()	Home Phone Number () ()	Date of Birth	
Employer	Driver's License #	Mother's Maiden Name	

JOINT OWNER INFORMATION (Non-minor joint owner required for minor ATM or checking access.)

The person(s) designated below shall jointly and equally own the following accounts (except individual IRA accounts) with a right of survivorship. Select applicable accounts: Savings Checking Cert MM All

Joint Owner Name <i>(please print last name first)</i>		Social Security #	
Street Address <i>(residential)</i>	City	State	Zip
Work Phone Number () ()	Home Phone Number () ()	Date of Birth	
Employer	Driver's License #	Mother's Maiden Name	

ADDITIONAL JOINT OWNER INFORMATION

The person(s) designated below shall jointly and equally own the following accounts (except individual IRA accounts) with a right of survivorship. Select applicable accounts: Savings Checking Cert MM All

Joint Owner Name <i>(please print last name first)</i>		Social Security #	
Street Address <i>(residential)</i>	City	State	Zip
Work Phone Number () ()	Home Phone Number () ()	Date of Birth	
Employer	Driver's License #	Mother's Maiden Name	

MEMBERSHIP ELIGIBILITY

Family Member _____ Live or Work _____ Worship @ _____ School _____

ATM/CHECK CARD

I hereby apply for an ATM/Check Card for my account Primary Member Joint Owner #1 Joint Owner #2

Qualification for a card is dependent upon maintaining a regular membership (savings) account in good standing. I understand and agree to the terms and conditions contained in the Electronic Services Disclosure and Agreement section of the Deposit Account Agreement and Truth-in-Savings Disclosure (receipt of which is hereby acknowledged and which is incorporated by this reference).

PAN # _____ Linked Accounts _____ 00 CMS

OVERDRAFT PROTECTION

I authorize you to clear any overdrafts of my checking account in accordance with the option(s) in preferential sequence as indicated below. If applicable, the terms and conditions continued in, my Visa or Blue Ribbon Line of Credit Account Agreement and Federal Truth-in-Lending Disclosure Statement(s) are incorporated by this reference. I also agree that this request supersedes any prior instructions from me for overdraft protection.

_____ Savings Account # _____ Bay Federal Visa Account # _____
_____ Blue Ribbon Account # _____ Other _____

CAUTION: If my checking account is held jointly, overdraft protection makes it possible for my joint owner(s) to write overdrafts that could draw funds from my individual shares and/or Visa or Blue Ribbon Account(s).

DESIGNATION OF PAY ON DEATH BENEFICIARY

The following beneficiary is to receive the proceeds of my accounts upon the death of the primary member and all joint owners.

Name	Relationship	Social Security #	Date of Birth
Street Address (residential)	City	State	Zip
			Distribution %

REQUEST FOR TAXPAYER'S IDENTIFICATION NUMBER & ACCOUNT AGREEMENT

In this Agreement, "I" and "My" mean each and every person who signs below. "Payee" means the primary account holder. "You" and "Your" mean Bay Federal Credit Union. I agree that you may retain this card and any other information you may receive.

Part 1 — Enter the Primary Member's (Payee's) taxpayer identification number in the box. For individuals, this is your Social Security Number. If you do not have a number, see How To Get a TIN in the Account Agreement and Truth-in-Savings Disclosure.

Social Security #

Part 2 — Check here if Payee is Exempt From Backup Withholding (See Part 2 instructions in the Account Agreement and Truth-in-Savings Disclosure).

Part 3 — Under penalties of perjury, the Payee certifies that: 1) the information on this card is true, complete and correct, and 2) the Payee is not subject to backup withholdings. The Payee agrees to cross out item 2 and check this box if the Payee is subject to backup withholdings.

I authorize you to verify all applications through "Chex Systems."

If I am not currently a member, I hereby apply for membership in Bay Federal Credit Union. The primary member certifies that he or she is within the Credit Union's field of membership. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Deposit Account Agreement and Truth in Savings Disclosure (receipt of which is hereby acknowledged and which is incorporated by this reference). Included with this application is my one-time, nonrefundable \$5 membership enrollment fee and opening balance. I understand that if I close my membership and leave Bay Federal Credit Union within 180 days of joining, \$5 will be collected as a closing fee.

If this is a Joint Account with the primary member being a minor, I agree to be fully responsible for any and all transactions on this account whether personally performed by me or not. I acknowledge that Joint Ownership does not constitute Credit Union Membership.

This master membership account card controls all subaccount(s) opened under this account number (except individual IRA accounts) and is a continuing authorization to open any other accounts for me on my verbal request and deposit of funds.

I understand and agree that you are hereby authorized by me to obtain consumer credit reports to assist in evaluating my credit worthiness for preapproved credit or for specific credit services requested by me.

I understand and agree that this card shall govern all the account(s) set forth above.

X

Primary Member's Signature Date

X

Joint Owner #1 Signature Date

X

Joint Owner #2 Signature Date