

Deposit Account Invitation

Enclose opening deposit with this form. Make check payable to yourself. Mail to CCCU at the address below.

255 N. Lone Hill Ave. San Dimas, CA 91773 | 800.347.2228 (CCCU) | F: 626.915.1370 | info@myCCCU.com • myCCCU.com

| | | 2331 | N. Lone Hill Ave. 30 | in Dimas, CA 91 | 773 800.347.2 | 226 (CCCO) F. 020.913.12 | 70 Info@myc | | |
|---|---|---|---|---|---|---|-------------------|-------------------|--|
| 1 | Member Information | | ı | | | | | | |
| | First Name | Initial | Last Name Driver | | Driver Licens | se Number | State | Exp. Date | |
| | Date of Birth | Social Security Number | | | | Mother's Maiden Name | | | |
| | Email Address | | | | | | | Home Phone Number | |
| | Street Address (No P.O. Boxes, please) | | | | | Unit # Mobile Phone Numl | | mber | |
| | City State | | | Zip Code | | | Work Phone Number | | |
| | Employer | | Occupation | | | | | | |
| 2 | Joint Owner Information (Optional) | | | | | | | | |
| | First Name | Initial | Last Name | | Driver Licens | se Number | State | Exp. Date | |
| | Date of Birth | Social Security Number | | | | Mother's Maiden Name | | | |
| | Email Address | | | | | | Home Phone Number | | |
| | Street Address (No P.O. Boxes, please) | | | | Unit # | Mobile Phone Nur | mber | | |
| | City | State Zip Code | | | | 1 | Work Phone Number | | |
| | Employer | | | I | Occupation | | I | | |
| 3 | Select Your Account(s) (For current | rates visit n | vCCCU.com/rates) | | | | | | |
| | CHECKING (no monthly fee) \$100 or more to open. Get a Visa Debit Card that earns one CURewards point for every \$2 in purchases. If you do not qualify for a Visa Check Card, you may receive an ATM Card. | | | | | | | \$ | |
| | e-statements 2) Have an active onlin | ARVEST HIGH-YIELD CHECKING (no monthly fee) \$100 or more to open. Earn a high interest rate when you: 1) Register for -statements 2) Have an active online banking 3) Have an activated CCCU debit card and credit card, and 4) \$500 in ccumulated deposits during the month. | | | | \$ | | | |
| | ☐ HARVEST HIGH-YIELD SAVINGS ☐ A active online banking. \$5 monthly fee a | | | | | | \$ | | |
| | | /INGS ATM Card \$100 or more to open. Variable rate account and the APY could change after the account is opened. monthly fee applies when the daily balance falls below \$100 at any time during the month. | | | | | \$ | | |
| | | ELCOME CERTIFICATE 5 Months 10 Months \$500 minimum, \$250,000 maximum per member. New money only. ² maturity, the Certificate will renew into a 12-month term share certificate at the prevailing rate. A penalty will be imposed on arry withdrawals from Certificates. | | | | \$ | | | |
| | LIQUID CERTIFICATE - 15 Months \$2. 50% of the start-of-day Certificate bal days. Withdrawal amounts in excess date. Withdrawal of any amount in the Deposits cannot be a transfer from ex | ance, minim of 50% in on first six day | um \$500, if made at e day will be subject s of the Certificate b | fter the Certificate to a 90-day inter eing open will res | e has been opened rest penalty, not to sult in a penalty of | for a minimum of seven exceed interest earned to seven days' dividends. | \$ | | |
| | your rate once during the term. At matu | PUP CERTIFICATE - 30 Months \$500 minimum. If the standard rate increases on a 30-month Certificate you can STEP UP conce during the term. At maturity, the certificate will renew into a 24-month term Certificate at the prevailing rate. y will be imposed on early withdrawals from Certificates. | | | | \$ | | | |
| | | RM CERTIFICATE \$1,000 or more to open. Six to 60 months. A withdrawal will duce earnings. A penalty will be imposed on early withdrawal from Certificates. Term: 6-60 Months | | | | 6-60 Months | \$ | | |
| | PREMIUM MONEY MARKET ACCOUNT check-writing option. Variable, tiered-r at any time during the month. | | | | | | \$ | | |
| | MONEY MARKET ACCOUNT \$1,000 o Variable, tiered-rate account. \$10 mont | r more to op hly fee appli | en, immediate access es when the daily bala | s to your funds ar ance falls below \$ | nd free check-writin 1,000 at any time | g option. during the month. | \$ | | |
| | Mobile / Online Banking (Account acc | | | ested. | | | | | |
| | ☐ Order Checks³ ☐ Checking ☐ Money Market | | on Checks: 🔲 Joint | | ion | TOTAL | TOTAL \$ | | |

| Street Address (Include Unit Number. No P.O. Boxes.) | City | State | Zip Code | | |
|---|--|--|---|--|--|
| Terms and Conditions - PLEASE SIGN BELOW | | · | | | |
| I hereby apply for membership in Christian Community Credit Union with this application: I certify that I qualify for membership based on the relationship stated above. I understand that new account information will be verified. I understand that to continue my membership in Christ Community Credit Union, I must maintain a Christian Community Credit Union deposit, loan or card account. By signing this application, I/we authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time. I/We underst that this will assist in determining eligibility for products and services offered by Christian Comr Credit Union. | any titan credit g tand 2. New money is money that is not presentl Existing CCCU Members: New money is def the past 30 days. The Credit Union reserves not the deposited funds are considered new | Variable rate account and the APY could change after the account is opened. New money is money that is not presently on deposit at Christian Community Credit Union. Existing CCCU Members: New money is defined as deposits posted to your CCCU account within the past 30 days. The Credit Union reserves the right to make the sole judgment as to whether or not the deposited funds are considered new money. Check printing fees applied. | | | |
| Receipt of Truth-In-Savings Disclosure: By signing this application, I/we acknowledge that I har received a copy of the Fee Schedule, Privacy Notice, and the brochure "About your Credit Union Accounts" containing the Truth-In-Savings Disclosures. I/We agree to be bound by the terms ar conditions of the Credit Union's Accounts Agreement(s) and any amendments thereto. If I/we a present at the credit union when the account is opened, the credit union will mail the above Disc and Fee Schedule to me within ten days after the account is opened. | n Community Credit Union is privately insured account. By members' choice, Christian Co the Credit Union falls, the federal government | by American Share In mmunity Credit Union | surance up to \$250,000 per is not federally insured and if | | |
| Account Agreement: By signing this application, I and my joint owner(s), if any, understand an agree that this application shall govern all accounts opened with the same ownership as set for this application. I agree that under this account number, I or my joint owner(s) will have the optiopening additional deposit accounts verbally or in writing in the future. I agree that different ow interests will require the opening of a separate account number and the execution of an addition application. I understand that my account will be governed by Christian Community Credit Union account terms and conditions, which will be sent to me. I agree that if the terms and conditions acceptable to me, I will close my account and receive all of my money, in full, with no fees or sucharges, along with any interest owed to me. | rth on ion of ion of inership nal is my correct taxpayer identification number (2) I am not subject to backup withholding in is are not Service does not require your consent to | Substitute W-9 Certification: Under penalties of perjury, I certify that (1)The number on this form is my correct taxpayer identification number (TIN), generally known as my Social Security Number, (2) I am not subject to backup withholding due to failure to report interest and dividend income, (3) I am a U.S. citizen or other U.S. person (including U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. | | | |
| Important Information about Procedures for Opening a New Account: To help the governmen 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 who opens an ac | <u>X</u> | | Date | | |
| What this means for you: When you open an account, we will ask for your name, address, dat birth, and other information that will allow us to identify you. We may also ask to see your drive license or other identifying documents. | te of | | | | |
| Account Terms and Conditions effective 06/13/2024 and are subject to change without notic Terms and conditions are solely within the discretion of the Board of Directors. We may limit the amount you may invest in one or more accounts to a total of \$1,000,000. | | | | | |
| X | | | | | |
| Member Signature Date | _ | | | | |

Date

In the event of my death, or if there is more than one owner of this account, in the event of death of all owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all

Social Security Number (If applicable)

Social Security Number (If applicable)

Date of Birth

Date of Birth

Zip Code

State

4 Beneficiary(ies)

sums in my/our account established.

Street Address (Include Unit Number. No P.O. Boxes.)

Name/Organization - Beneficiary #1

Name/Organization - Beneficiary #2

X Joint Owner Signature