

## CHECKING ACCOUNT/DEBIT CARD/OVERDRAFT LINE OF CREDIT APPLICATION

### I/WE HEREBY APPLY FOR THE FOLLOWING SERVICES:

- Checking Account / VISA® Debit Card/Overdraft Line of Credit Protection
- Checking Account and VISA® Debit Card **ONLY** (no Overdraft Line of Credit)
- Checking Account **ONLY** (no VISA® Debit Card/Overdraft Line of Credit)

### OVERDRAFT PROTECTION

Overdraft protection will be in the order listed below:

1. Line of Credit (on approved credit). If you wish to decline overdraft protection, Check here: \_\_\_\_\_
2. Savings. If you wish to decline overdraft protection, Check here: \_\_\_\_\_

### PRIMARY MEMBER

CACCU MEMBER # \_\_\_\_\_ Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mortgage/Rent Payment: \$ \_\_\_\_\_ Rent/Own? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Income: \$ \_\_\_\_\_

#### Reference

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

### JOINT OWNER

CACCU MEMBER # \_\_\_\_\_ Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mortgage/Rent Payment: \$ \_\_\_\_\_ Rent/Own? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Income: \$ \_\_\_\_\_

Reference

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

**REQUEST TO RECEIVE ELECTRONIC DOCUMENTATION**

If this box is checked, You request that We provide documentation to You electronically according to the Consent to Receive Electronic Documentation disclosure provided to You earlier, which You acknowledge You have read, You understand, and You agree to its terms.

**SIGNATURES and DISCLOSURES**

I/We hereby authorize California Community Credit Union to establish a checking account for me/us. The Credit Union is hereby authorized to recognize any of the signatures in payment of funds or the transaction of any business for this account. I/We authorize the Credit Union to pay checks and to debit the checking account. In the event a check would result in this account being overdrawn, that check shall be deemed to be a request for a loan advance (if a LOC is in place) in multiples of \$100 (if funds are available) or in multiples of \$50 from your savings account (if funds are available) to permit the credit union to honor said check.

By signing below, the undersigned request(s) the described services and agrees to the terms and conditions covering the services, including any fees and charges (see separate Fee disclosure). The undersigned agree(s) that all information is accurate and authorizes the credit union to verify credit and employment history by necessary means, including a credit report from a credit reporting agency.

You warrant the truth of this information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You authorize us, our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement and Disclosure no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a Joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept your facsimile signature.

You hereby acknowledge Your intent to apply for Joint Credit and/or Account:

\_\_\_\_\_  
Primary Member Initials

\_\_\_\_\_  
Joint Owner Initials

\_\_\_\_\_  
PRIMARY MEMBER SIGNATURE

Date: \_\_\_\_\_

\_\_\_\_\_  
JOINT OWNER SIGNATURE

Date: \_\_\_\_\_