

First California Federal Credit Union Products and Services Application

- | |
|--|
| <input type="radio"/> VISA Debit Card*
<input type="radio"/> Total Teller ATM Card*
<input type="radio"/> Other: _____
<input type="radio"/> Other: _____ |
|--|

Return to:
First California Federal Credit Union

Attn:
Products & Services
2525 E Shields Ave
Fresno, CA 93726

Member #		Share Draft #	
Member Name		Joint Owner's Name	
Address		Address	
City, State, Zip		City, State, Zip	
Phone	Date of Birth	Phone	Date of Birth
Driver's License	SSN	Driver's License	SSN
Employer	Work No	Employer	Work No
Mother's Maiden Name		Mother's Maiden Name	

Email Address: _____

Cell Phone: _____ Joint Cell Phone: _____

By signing below, I hereby make application to use the above marked Products and Services. By using any of the products or services that I am approved for, I hereby agree to be bound by the applicable terms and conditions contained in the agreements and any amendments hereto governing such products and services. I understand that a current copy of the "Truth in Savings" disclosure will be furnished to me upon approval and the implementation of these services. I authorize First California Federal Credit Union to obtain a consumer credit report and I understand that this information may be used in the approval process.

Signature (Primary Member) Date

Signature (Joint Owner) Date

Signature (Joint Owner) Date

Signature (Joint Owner) Date

A separate application may be required for some products and services. *Requires Joint Signature.

Third Party Cross Account Transfer Authorization Request

Transfer funds to other Membership Accounts through Virtual Branch and Quick-Phone Audio Response:

Transfer funds to another FCFCU member's account. Funds transferred to third party accounts are non-revocable and cannot be reversed once the transfer has been made. Transfers from your savings are limited to three per statement period.

Record YOUR Account Name and Number FROM which you wish to transfer funds:

Account Name Account Number

I hereby request Third Party Cross Transfer capabilities from my account as listed above, to the third party account as recorded below. I acknowledge that I am the joint owner on the listed accounts. By signing below, I agree to the terms and conditions of the Virtual Branch Terms and Conditions listed in the Truth in Savings disclosure, which is available to me at the credit union upon request and was provided upon application. Third Party Cross Account Transfer capabilities are available through the Quick-Phone Audio Response System.

Record the THIRD PARTY Account Name and Number TO which funds will be transferred:

Account Name Account Number

Account Name Account Number

Account Name Account Number

Account Name Account Number

I acknowledge that I am joint owner on the above accounts. As a recipient of an authorized Third Party Cross Account Transfer of Funds, I understand and agree that I may view the number and types of accounts maintained on the above account numbers through the Virtual Branch transfer function. As the sender, I cannot perform withdrawals or transfers from these accounts through the Virtual Branch service.

Member Signature Date