



**.Student Advantage Banking** (Age 16-24)

Enclose opening deposit with this form. Make check payable to yourself.  
Mail to: 255 N. Lone Hill Ave., San Dimas, CA 91773

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800.347.CCCU • F:626.915.1370 • info@myCCCU.com • myCCCU.com

**IMPORTANT! Please submit a copy of your current student ID/driver's license and social security card with this application.**

Promo Code

**Member Eligibility (Check all that Apply)**

You are eligible to join Christian Community Credit Union in one of two ways:

- 1. Through Your Church or Ministry** – You're affiliated with a Christian ministry (including many Protestant Christian churches and schools) within Christian Community Credit Union's field of membership. You may be a member, attendee, employee, missionary, or student/alumnus.
- 2. Through Your Family** – You're a relative of a current member of Christian Community Credit Union. Relatives include: spouse, father/mother (and in-laws), brother/sister (and in-laws), son/daughter (and in-laws), grandparent, grandchild, aunt, uncle, niece, nephew or cousin.

For more information about your membership eligibility, visit myCCCU.com/membership or call 800.347.CCCU (2228).

**Affiliation: I am a:**    Member    Regular Attendee    Employee    Missionary    Student/Alumnus    Other

Of (Church/School/Ministry):       Denomination/Affiliation (if known):

City:       State:

**Family: I am a relative of a Christian Community Credit Union member.**

Name:       Relationship:       Phone:

**How did you hear about us?**    Family    Friend    Work    CCCU Rep NAME \_\_\_\_\_    Event/Presentation NAME \_\_\_\_\_

Church    School    Mail    Magazine NAME \_\_\_\_\_    Newspaper NAME \_\_\_\_\_

Radio STATION \_\_\_\_\_    Email    Online \_\_\_\_\_    Other \_\_\_\_\_

**Select Your Account**

**Student Checking** \$100 or more to open. **Get a \$200 bonus with eStatements, Direct Deposit, & a minimum deposit of \$100.** \$ \_\_\_\_\_

**To receive the \$200 checking bonus: 1) Open your FIRST free Checking or Checking Plus Account** with a \$100 minimum opening deposit. **2) Sign up for eStatements within 60 days** of account opening at myCCCU.com/estatemnts. **AND 3) Set up recurring Direct Deposit within 60 days** of account opening. To confirm eStatement registration, call 800.347.2228 or contact us through the Secure Support link within Online Banking. The bonus cannot be used as the opening deposit. Direct Deposit needs to be an electronic deposit of YOUR paycheck, pension, or government benefits (such as Social Security) from YOUR employer or the government. Transfers from another CCCU account or from other financial institution do not qualify as Direct Deposits. The bonus will be deposited within 60 days into your Checking Account after membership eligibility and Checking Account are approved and you have met the Direct Deposit and eStatement requirements. Offer is not available to existing Christian Community Credit Union members with Checking Accounts or those whose membership or Checking Accounts have been closed. Bonus offer available to U.S. residents. The bonus is considered taxable income and will be reported on IRS Form 1099-INT. Account Closing: If your Checking Account is closed within six months after account opening, the bonus will be deducted from the closing balance. Offer effective 5/24/2018 and is subject to change without notice.

**Savings<sup>1</sup>**    ATM Card      \$ \_\_\_\_\_

\$100 or more to open. This is a variable rate account and the APY could change after the account is opened. This account has a \$5 monthly fee when the daily balance falls below \$100 at any time during the month. No monthly fee for minors under age 18.

**4.00% APY\* NEW MEMBER WELCOME CERTIFICATE - 18 Months** \$500 minimum. \$2,500 maximum      \$ \_\_\_\_\_

per member. Must be opened within 30 days of joining the Credit Union. At maturity, the certificate will renew into a 12-month term share certificate at the prevailing rate. A penalty will be imposed on early withdrawals from certificates.

**Mobile/Online Banking** (Account access online and by phone)

Yes, sign me up and send access instructions.    No, I'm not interested.

**Order Checks<sup>2</sup>**    Checking    Add joint account information    Add phone number on checks

**Student Information**

First Name	Initial	Last Name	Driver License 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 Number	
City	State	Zip Code	Send my mail to: <input type="checkbox"/> Home <input type="checkbox"/> School		
Name of School	School Address	City	State	Zip Code	Phone Number

**Joint Owner Information (Parent or Joint Owner required for students under the age of 18.)**

First Name	Initial	Last Name	Driver License 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 Number	
City		State	Zip Code	Work Phone Number	

**Beneficiary(ies)**

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 sums in my/our account established.

Name/Organization - <b>BENEFICIARY #1</b>	Social Security Number (if applicable)	Date of Birth	
Street Address (Include unit number. No P.O. Boxes.)	City	State	Zip Code
Name/Organization - <b>BENEFICIARY #2</b>	Social Security Number (if applicable)	Date of Birth	
Street Address (Include unit number. No P.O. Boxes.)	City	State	Zip Code

**Terms and Conditions**

NOTE: Signature required under Terms and Conditions

**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 any new account information will be verified. I understand that to continue my membership in Christian Community Credit Union, I must maintain a Christian Community Credit Union deposit, loan or credit 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 understand that this will assist in determining eligibility for products and services offered by Christian Community Credit Union.

**Receipt of Truth-In-Savings Disclosure:** By signing this application, I/we acknowledge that I have 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 and conditions of the Credit Union's Accounts Agreement(s) and any amendments thereto. If I/we are not present at the credit union when the account is opened, the credit union will mail the above Disclosures and Fee Schedule to me within ten days after the account is opened.

**Account Agreement:** By signing this application, I and my joint owner(s), if any, understand and agree that this application shall govern all accounts opened with the same ownership as set forth on this application. I agree that under this account number, I or my joint owner(s) will have the option of opening additional deposit accounts verbally or in writing in the future. I agree that different ownership interests will require the opening of a separate account number and the execution of an additional application. I understand that my account will be governed by Christian Community Credit Union's account terms and Conditions, which will be sent to me. I agree that if the terms and conditions are not acceptable to me, I will close my account and receive all of my money, in full, with no fees or service charges, along with any interest owed to me.

**Important Information about Procedures for Opening a New Account:** To help the government 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 account.

**What this means for you:** When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

1. Regulation D imposes a six transfer/withdrawal limit per month on savings and money market accounts, which includes the following types of transactions: 1) Pre-authorized or automatic withdrawal arrangement for a transfer to the member's other account(s) at the credit union or to a third party; Telephone transfers; or Transfers initiated by personal computer to another account at the credit union or to a third party during a calendar month. Transfers to a third party if made by check. 2) Transactions NOT included in the six transfer/withdrawal limit are as follows: Transfers or withdrawals the member makes in person, through an ATM, by mail or by telephone (which results in the mailing of a check payable to the member). Transfers from a credit union account to the same credit union for the purposes of repaying a loan.
2. Check Printing fees applied.

**Deposit Insurance Disclosure:** By signing this application I/we acknowledge that Christian Community Credit Union is privately insured by American Share Insurance up to \$250,000 per account. By members' choice Christian Community Credit Union is not federally insured and if the Credit Union fails, the federal government does not guarantee that depositors will get back their money. Accounts with the Credit Union are not insured by any state government.

**X**  
 Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**X**  
 Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**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.

**X**  
 Member Signature \_\_\_\_\_ Date \_\_\_\_\_