



Your Better Banking Partner

STOCKTON OFFICE

2131 West March Lane

P.O. Box 207011

Stockton, CA 95267-9511

Phone: 209.235.9119 - Toll Free: 800.872.2388 - Fax: 209.235.9129

Hours: M-Th 9:00 to 5:00 F: 9:00 to 6:00

MEMBERSHIP APPLICATION

There are many ways to join Allied Credit Union. To find out if you are eligible please visit our website, www.alliedcu.org or call our main office at 209-235-9119. Membership at Allied Credit Union requires a \$25.00 membership fee and an initial deposit of \$25.00 into a savings account.

Name (Please Print)		Passcode	Account Number (To be completed by the Credit Union)	
Residence or Post Office Address	City	Zip Code	Home Phone	Mobile/Pager No.
Date of Birth	Soc Sec/Tax I.D. No.	Driver's Lic. No.	Spouse's Name	
Mother's Maiden Name		Email		
Name & Address of Nearest Relative--Not Living With You		Relationship		

SOURCE OF ELIGIBILITY FOR CREDIT UNION MEMBERSHIP

Residence Employer Union Membership Family Member

Name of Source		
Occupation	Company Name	Office Phone & Ext
Company Address		

Check this box only if you are subject to back-up withholding under the provisions of Section 3406 (a)(i)(c) of the Internal Revenue Code.

I hereby make applications for membership in and agree to conform to the By-laws or any amendments thereof in Allied Credit Union. Under the penalties of perjury, I certify that the information provided on this application is true, correct and complete. I understand that if I do not provide a Taxpayer Identification Number/Social Security Number to you within sixty (60) days, you are required to withhold twenty percent (20%) of all reportable dividend payments thereafter made to me until I provide a number. This account is non-transferable. I acknowledge receipt of the Account Disclosure.

Signature
Membership Office Approval
Date _____ Signed _____

JOINT TENANCY ACCOUNT AGREEMENT WITH RIGHT OF SURVIVORSHIP

The Allied Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owner of the account hereby agree with each other and with said Credit Union that all sums now paid in, by any or all of said joint owners to their Credit Union as such joint owners with all accumulations thereon are and shall be owned by them jointly and equally with right of survivorship and be subject to the withdrawal or receipt of any of them and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment.

Any or all joint owners may pledge all or any part of the savings in this account as collateral security to a loan or loans. The right of authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said Credit Union which shall not affect transactions therefore made. All parties to this Account Agreement shall keep the Credit Union informed of any changes(s) in their address(es).

Print Member's Name	Member's Signature		
Print Joint Owner's Name	Joint Owner's Signature	Date of Birth	Soc. Sec. No
Print Joint Owner's Name	Joint owner's signature	Date of Birth	Soc. Sec. No

PAY-ON-DEATH DESIGNATION (P.O.D.)

If owner(s) has made a pay-on-death designation, owner(s) understands that all sums are payable on request to owner(s) during his/her lifetime and upon his/her death to his/her designated P.O.D. payee(s) or if account is jointly owned, to one or more account owner(s) during their lives and on death of all of them to one or more payees then surviving in equal and undivided shares. Payee(s) information.

Print Full Name	Complete Address	Soc. Sec. No
Print Full Name	Complete Address	Soc. Sec. No