



# MEMBERSHIP APPLICATION

## PRIMARY MEMBER INFORMATION

Account # \_\_\_\_\_

Joint Owner Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail Address \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Driver's License State \_\_\_\_\_ Driver's License Number \_\_\_\_\_

## JOINT OWNER INFORMATION (if applicable)

Joint Owner Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail Address \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Driver's License State \_\_\_\_\_ Driver's License Number \_\_\_\_\_

## VERIFICATION OF MEMBERSHIP ELIGIBILITY

Please indicate eligibility (choose one):

Toyota Associate

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Family Member

Name of Toyota Relative: \_\_\_\_\_

Relationship: \_\_\_\_\_ Toyota FCU Account # \_\_\_\_\_

## TELL US WHICH ACCOUNT(S) YOU WOULD LIKE TO OPEN:

| Account  | Description                             | Opening Deposit |
|--|---|-----------------|
| <input type="checkbox"/> Strategic Savings (required account)                                  | \$100 minimum + \$5 membership fee      | \$ _____        |
| <input type="checkbox"/> FREE Checking (Includes Debit Card and first box of checks free.)     | \$50 minimum opening deposit            | \$ _____        |
| <input type="checkbox"/> Interest Checking (Includes Debit Card and first box of checks free.) | \$50 minimum opening deposit            | \$ _____        |
| <input type="checkbox"/> Strategic Market Account  | \$2,500 minimum opening deposit         | \$ _____        |
| <input type="checkbox"/> Other _____   | Holiday Club, Youth Accounts – \$5 min. | \$ _____        |
| <b>TOTAL DEPOSIT</b>   |   | \$ _____        |

**PLEASE SELECT A PIN**

Please select a Personal Identification Number (PIN) for your ATM Card, Internet Banking (ePower Online Services), and Telephone Banking (PAL), and enter it here \_\_\_\_\_ (Choose any 4 numbers, except all zeroes.)

**OVERDRAFT PROTECTION AUTHORIZATION (for "Interest Checking" accounts only)**

I authorize Toyota FCU to pay any checking account overdrafts from available funds in other unrestricted share accounts under my membership. Automatic overdrafts and transfers from share accounts are limited to six per month by Federal Regulation D. The only notice I receive of an overdraft may be on my monthly statement. Applicable transfer fees apply.

Transfer from share account:  Strategic Savings  Strategic Market  Other \_\_\_\_\_

**DESIGNATION OF BENEFICIARY**

In the event of my death, and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appear below as my beneficiary to receive any and all amounts on this account.

Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_  
Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_  
Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**DOCUMENTATION CHECKLIST**

Return the completed membership application and your opening deposit along with the following documentation for identification purposes, per the USA Patriot Act:

**TOYOTA ASSOCIATES**

- Photocopy of Driver's License with your current address
- Photocopy of your Toyota badge
- Photocopy of your Social Security Card

**FAMILY MEMBER (NON-TOYOTA ASSOCIATES) AND/OR JOINT OWNERS**

- Photocopy of Driver's License with your current address
- Photocopy of your Social Security Card

If you cannot provide the items listed above, please contact the Credit Union at 800-230-3306 for assistance.

**CERTIFICATION AND AGREEMENT**

By signing below, I member, and joint account owner, if any, agree to be bound by the terms and conditions of all agreements and disclosures applicable to my/our account, including Agreement and Disclosures for Toyota Federal Credit Union that are incorporated herein by reference, that will be sent after the account is opened and that may be amended from time to time. I/We expressly authorize Toyota FCU to check my/our credit, employment history, or any other information and to report to others such information and credit experience with me/us, as more fully described in the Agreement. I/We agree that usage of the ATM/VISA Check Card and PIN shall be deemed authorization by applicant to Toyota FCU to charge your credit union accounts for the amount and types of transactions indicated at the time of use.

Under penalty of perjury, by signing below, I certify that the above information is true, correct, and complete; that I am a "U.S. person"; and I/we are not subject to any backup withholding. The Internal Revenue Service does not require my/our consent to any provision of the document other than the certifications required to avoid backup withholding.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner \_\_\_\_\_ Date \_\_\_\_\_

**This section is reserved for credit union use only:**

Account opened by \_\_\_\_\_ User # \_\_\_\_\_ Date \_\_\_\_\_

Membership verified by \_\_\_\_\_ ChexSystems Inquiry \_\_\_\_\_

Account # \_\_\_\_\_  New  Modification Member Group # \_\_\_\_\_