

membership application

Become a member today –
\$5 is all you need to join!



at work for you™

1 membership information

Member Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____
Cell/Mobile Phone () _____
Date of Birth _____ Driver's License # _____ State _____
SSN _____ Mother's Maiden Name _____
Email _____ Membership Qualification _____
Employer _____
Occupation & Title _____

Joint Owner Information

Adding Joint Owner to an existing account (see selection below)

Joint Owner Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____
Cell/Mobile Phone () _____
Date of Birth _____ Driver's License # _____ State _____
SSN _____ Mother's Maiden Name _____
Email _____
Occupation & Title _____

Add Joint Owner to my (check all that apply):

- Savings Checking Club Certificate
Money Market Account: Prime Capital Executive

2 application for accounts

(see disclosure for details)

Existing member: Account # _____, opening a new membership.

Regular Savings: (Required for New Membership)

Checking Accounts: Basic Checking Plus Platinum

Order me: the XFCU "Image" Checks Custom Check Style

Money Market Accounts: Prime (with free checks)

Capital Executive

Certificate Accounts:

Certificate Name and Term: _____ (days/months)

IRA Certificate Name and Term: _____ (days/months)

Club Account:

_____ ("You Name It" – up to 20 characters)

Initial Deposit Requirements

Regular (Membership) Savings

Just a **\$5** minimum deposit!

Basic Checking

\$100 or Direct Deposit*;
no minimum balance

Checking Plus

\$2,000 minimum daily balance;
interest-bearing

Platinum Checking

\$10,000 minimum daily balance;
interest-bearing; Visa Rewards

Club

\$5 minimum daily balance

Prime Money Market

\$1,000 minimum balance

Capital Money Market

\$15,000 minimum balance

Executive Money Market

\$50,000 minimum balance

*Direct Deposit of your check.

XFCU's Routing Number:

322275490

Make check payable to:

Xceed Financial Credit Union

888 North Nash Street

El Segundo, CA 90245

Associate Use Only

Last Name

First Name

Middle Initial

ACCOUNT #

3 application for services

Send me a **Visa Check Card (free)**
Send me a **Platinum Check Card (\$25/year. Free with Platinum Checking; Free for Premier Members and Loyalty Advantage members)**

Order me an **Xceed Online Banking P.I.N.**
To sign up for e-Statements, log on to Xceed Online Banking, click on the e-Statements link, and agree to terms.

Overdraft Protection:

I hereby authorize Xceed Financial Federal Credit Union to pay overdrafts on my checking account from my other XFCU accounts.

Please withdraw from my accounts in this order (1st; 2nd):

_____ PowerLine of Credit _____ Regular Savings

4 beneficiary information

Add beneficiary to my (check all that apply):

- Savings Checking Club Certificate
- Money Market Account: Prime Capital Executive

Upon my death, pay all sums to _____

Relationship _____ Date of Birth _____

Address _____

SSN _____ Phone # () _____

5 certification

Under the penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. **Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return, and
3. I am a U.S. person (including a U.S. resident alien), and
4. The information provided on this card is true, correct and complete to the best of my knowledge.

I have received and agree to abide by the terms and conditions as stated in Xceed Financial Federal Credit Union's Agreement and Truth in Savings Disclosure and Electronic Services Disclosure and Agreement and any amendments thereto. I understand that my membership with Xceed Financial Federal Credit Union allows me to access my accounts with XFCU through the automated telephone system. Also, by signing below, I authorize you to check my credit and employment history and to release information regarding status and history of my account(s) to other creditors as permitted by law. Any information obtained from consumer reporting agencies will not be sold to outside parties, and will be used only in conjunction with products offered by XFCU.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member Signature Date

Joint Owner Signature Date

Membership Officer Date

#1695-rev8/08

Access your account in five convenient ways!

Phone

800.XFCU.222

800.932.8222

Xceed Online Banking

X://online

www.xfcu.org

Xceed On-Call Phone Banking

(X) on-call

Anytime, anywhere access.

800.XFCU.222

Outside US 310.640.0543

Xceed ATM Network

Visit www.xfcu.org to locate thousands of surcharge-free and deposit-taking ATM networks nationwide.

XFCU Branches and Shared-Branch Locations



Visit www.xfcu.org to find the nearest branch where you can perform transactions.



Xceed Financial Credit Union's exclusive Rewards Program. Ask an Associate, or visit www.xfcu.org for more information.

Associate Use Only

Chexsystems: _____

State of Issuance: _____

Record Y N

Comments: _____

OFAC Verification: _____

Date: _____

Match Y N

Comments: _____