

CU Use: Membership Account # _____ Name: _____



Holiday Saver Application

Add a Holiday Saver to an existing membership

2445 Mariondale Ave, Los Angeles CA 90032

Phone: 323-505-2600 Fax: 323-505-2613

Account Agreement

I/we make application for the account described below and agree to conform to the bylaws and any amendments thereof in Cal State L.A. Federal Credit Union (CSLA-FCU). I/we also agree to the terms and conditions of any account in the Credit Union now or in the future and agree that the credit union may change those terms and conditions from time to time. I/we authorize CSLA-FCU to verify all information supplied herein, and to verify my/our creditworthiness. I/we may request the name and address of any credit bureau from which CSLA-FCU receives a credit report on me/us. I/we have read and agreed to the information provided in the Truth in Savings Disclosure and Agreement, Electronic Services Disclosure and Agreement, Schedule of Fees and Charges and Rate Sheet. I/we promise that everything I have stated in this application is correct to the best of my/our knowledge. If there are any important changes I/we will notify the credit union in writing immediately. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications made to federal or state chartered credit unions insured by NCUA.

Primary Member

Name:		Acct #:			
Home Address:					
Drivers License, State ID or other ID#		ID Type:	State of Issue:	Issue Date:	Exp Date:
Date of Birth:			Email Address:		
Home Phone:		Cell:	Work:		

Opening Deposit

Holiday Saver* Minimum \$25	\$ _____ <input type="checkbox"/> Deposit enclosed OR
	<input type="checkbox"/> Please transfer from my <input type="checkbox"/> Checking <input type="checkbox"/> Savings (must leave \$25 min balance)

Monthly Contributions

Please transfer	\$ _____ from my <input type="checkbox"/> Checking <input type="checkbox"/> Savings monthly on the _____ day of the month. Or, set up scheduled transfers using Online Banking.
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If the date selected for automatic transfers does not fall on a business day, the transfer will be made on the following business day, subject to your available balance. *Not offered unless a Regular Share Savings Account is open.

Holiday Savers mature October 31 and will be available in your Regular Savings November 1 of each year. If you have automatic contributions scheduled, your account will automatically renew from year to year. Please note that withdrawals prior to the maturity date will not earn dividends and are subject to an early withdrawal fee. Please see Rate Sheet and Schedule of Fees and Charges.

Taxpayer Identification Number Certification and Backup Withholding Information

Under 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. (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
Certification Instructions. 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 and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

_____ - _____ - _____

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

Primary Member Signature: _____ Date: _____