



# Student Advantage Banking

Enclose opening deposit with this form. Make check payable to yourself.  
Mail to CCCU at the address below.

255 N. Lone Hill Ave. San Dimas, CA 91773 | 800.347.2228 (CCCU) | F: 626.915.1370 | info@myCCCU.com • myCCCU.com

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

Group Code (if applicable)

## 1 Membership Eligibility

Please select ONE of the eligibility options for membership below:

**1) I agree with Christian Community Credit Union's Statement of Faith as stated at myCCCU.com/faithstatement AND I also attend, am a member of, or am an alumni of a Christian church, school, or organization.**

Church/School/Organization Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**2) I am related to a current Christian Community Credit Union member:**

- Relationship:**  Spouse  Father/Father-in-Law  Mother/Mother-in-Law  Brother/Brother-in-Law  Sister/Sister-in-Law  Son/Son-in-Law  
 Daughter/Daughter-in-Law  Grandparent  Grandchild  Aunt  Uncle  Niece  Nephew  Cousin  Existing Member

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**3) I want to join by becoming a member of Christian Community Credit Union's partner charity—Christian Alliance for Orphans**

Christian Alliance for Orphans (CAFO) serves to inspire and equip Christians for effective orphan care, family preservation, adoption and foster care. CAFO unites more than 200 respected organizations and over 720 church members to work for the needs of vulnerable children in the U.S. and worldwide.

I want to become a member of CAFO, therefore making me eligible to apply for membership with Christian Community Credit Union (CCCU). I understand CCCU will share my name and contact information with CAFO and pay the first-year \$50 membership fee on my behalf. I also consent to receiving email communications from CAFO.

NOTE: Please proceed to Page 2 to **Select Your Account**. Page 1 of 3 →

**2 Select Your Account(s) (For current rates visit myCCCU.com/rates)**

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

**\*To receive \$200 Checking Bonus:**

**1) Open your FIRST Free Checking or Checking Plus Account with at least \$100.**

**2) Sign up for eStatements within 60 days of account opening at myCCCU.com/estatemts. AND**

**3) Set up a qualifying Direct Deposit, which must be received within 60 days** of account opening. To confirm eStatement registration, call 800.347.2228 or contact us via Secure Support link within Online Banking. Bonus cannot be used as opening deposit.

**Qualifications:** Direct Deposit needs to recur for a minimum of 60-days from the first electronic deposit and be for at least \$200.00 from your or your joint owner's paycheck, pension, or government benefits (such as Social Security). Payments, Non-payroll ACH, and Transfers from another CCCU account or other financial institution do not qualify as Direct Deposits.

**Bonus Payment:** Checking bonus will be deposited to your new Checking Account within 60 days after approval of membership eligibility and meeting Direct Deposit and eStatement requirements. Bonus offer available to U.S. residents. Bonus is considered taxable income and the recipient is responsible for reporting the amount to the IRS.

**Bonus Limit:** One checking bonus per account, per Direct Deposit payee, per member, per household. Cannot be combined with other promotions.

**Account Closing:** If new Checking Account is closed within six months after account opening, the bonus will be deducted from the closing balance.

**SAVINGS**  ATM Card \$100 or more to open. Variable rate account and the APY could change after the account is opened. \$5 monthly fee applies when the daily balance falls below \$100 at any time during the month.

**WELCOME CD - 7 Months** \$500 minimum, \$250,000 maximum per member. New money only.<sup>1</sup> At maturity, the Certificate of Deposit (CD) will renew into a 12-month term CD at the prevailing rate. A penalty will be imposed on early withdrawals from CDs.

**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>**  Add joint account information  
 Add phone number

**TOTAL**

NOTE: Application, Terms and Conditions continue on Page 3. Page 2 of 3 →

### 3 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: Home <input type="checkbox"/> School <input type="checkbox"/> |              |
| Name of School                         | School Address         | City      | State                 | Zip  | Phone Number |

### 4 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   |           |
| Employer                               | Occupation             |           |                       |                     |           |

### 5 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 |

### 6 Terms and Conditions - PLEASE SIGN BELOW

**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.

**Account Terms and Conditions effective 11/09/2022 and are subject to change without notice.** Terms and conditions are solely within the discretion of the Board of Directors. We may limit the amount you may invest in one or more accounts to a total of \$1,000,000.

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

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

1. New money is money that is not presently on deposit at Christian Community Credit Union. Existing CCCU Members: New money is defined as deposits posted to your CCCU account within the past 30 days. The Credit Union reserves the right to make the sole judgment as to whether or not the deposited funds are considered new money.
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.

**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