

Deposit Account Invitation

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

	255 N.	Lone Hill Ave. Sar	n Dimas, CA 91//	3 800.547.22	28 (CCCU) F: 626.915.15	70 info@myC	CCU.com • myCCCU.con	
1 Member Information							1-	
First Name Initial	ıl L	ast Name		Driver License	Number	State	Exp. Date	
Date of Birth	Sirth Social Security Number					Mother's Maiden N	lame	
Email Address						Home Phone Num	ber	
Street Address (No P.O. Boxes, please) Unit #						Mobile Phone Number		
City State Zip Code						Work Phone Number		
Employer		.11	Oc	ccupation		1		
2 Joint Owner Information (Optional)								
First Name Initial	ıl L	ast Name		Driver License	Number	State	Exp. Date	
Date of Birth	of Birth Social Security Number					Mother's Maiden Name		
Email Address						Home Phone Number		
Street Address (No P.O. Boxes, please)					Unit #	Mobile Phone Num	iber	
City		State Zip Code				Work Phone Number		
Employer			Oc	cupation				
3 Select Your Account(s) (For current rates	visit my	CCCU.com/rates)						
CHECKING (no monthly fee) \$100 or more to open. Get a Visa Debit Card that earns one CURewards point for every \$2 in purchases. If you do not qualify for a Visa Check Card, you may receive an ATM Card.						\$		
□ HARVEST HIGH-YIELD CHECKING (no monthly fee) \$100 or more to open. Earn a high interest rate when you: 1) Register for e-statements 2) Have an active online banking 3) Have an activated CCCU debit card and credit card, and 4) \$500 in accumulated deposits during the month.						\$		
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 - 5 Months \$500 minimum, \$250,000 maximum per member. New money only.¹ 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.						\$		
■ WELCOME CD - 10 Months \$500 minimum, \$250,000 maximum per member. New money only.¹ 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.						\$		
LIQUID CD - 15 Months \$2,000 minimum, \$250,000 maximum. New money only.¹ No penalty for withdrawals of up to 50% of the start-of-day CD balance, minimum \$500, if made after the CD has been opened for a minimum of seven days. Withdrawal amounts in excess of 50% in one day will be subject to a 90-day interest penalty, not to exceed interest earned to date. Withdrawal of any amount in the first six days of the CD being open will result in a penalty of seven days' dividends. Deposits cannot be a transfer from existing funds with Christian Community Credit Union. Not available for IRA accounts.						\$		
STEP-IT-UP CD - 30 Months \$500 minimum. If the standard rate increases on a 30-month CD you can STEP UP your rate once during the term. At maturity, the certificate will renew into a 24-month term CD at the prevailing rate. A penalty will be imposed on early withdrawals from CDs.						\$		
TERM CD \$1,000 or more to open. Six to 60 months. A withdrawal will reduce earnings. A penalty will be imposed on early withdrawal from CDs.					rm: 6-60 Months		\$	
PREMIUM MONEY MARKET ACCOUNT \$10,000 minimum to open. New money only.¹ Immediate access to funds and free check-writing option. Variable, tiered-rate account. \$15 monthly fee applies when the daily balance falls below \$10,000 at any time during the month.						\$		
MONEY MARKET ACCOUNT \$1,000 or more to open, immediate access to your funds and free check-writing option. Variable, tiered-rate account. \$10 monthly fee applies when the daily balance falls below \$1,000 at any time during the month.						\$		
Mobile / Online Banking (Account access of	online and	d by phone)						
yes, sign me up and send access instru-	☐ Yes, sign me up and send access instructions. ☐ No, I'm not interested. TOT Order Checks² ☐ Checking							

lame/Organization - Beneficiary #1		Social Security Number (If applicable)		Date of Birth		
Street Address (Include Unit Number. No P.O. Boxes.)		City		Zip Code		
Name/Organization - Beneficiary #2	Social	Security Number (If applicable)	Date of Birth	Date of Birth		
Street Address (Include Unit Number. No P.O. Boxes.)	City		State	Zip Code		
Terms and Conditions - PLEASE SIGN BELOW						
I hereby apply for membership in Christian Community Credit Unio I certify that I qualify for membership based on the relationship state new account information will be verified. I understand that to continu Community Credit Union, I must maintain a Christian Community Credit Union, I must maintain a Christian Community Credit account. By signing this application, I/we authorize you to gathe account and employment information you consider appropriate from that this will assist in determining eligibility for products and services Credit Union.	Existing CCCU Members: No the past 30 days. The Credi not the deposited funds are	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. Check printing fees applied.				
Receipt of Truth-In-Savings Disclosure: By signing this application, received a copy of the Fee Schedule, Privacy Notice, and the brochur Accounts' containing the Truth-In-Savings Disclosures. I/We agree to conditions of the Credit Union's Accounts Agreement(s) and any ampresent at the credit union when the account is opened, the credit un and Fee Schedule to me within ten days after the account is opened.	Community Credit Union is account. By members' choi	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.				
Account Agreement: By signing this application, I and my joint owner agree that this application shall govern all accounts opened with the this application. I agree that under this account number, I or my joint opening additional deposit accounts verbally or in writing in the future interests will require the opening of a separate account number and tapplication. I understand that my account will be governed by Christi account terms and conditions, which will be sent to me. I agree that acceptable to me, I will close my account and receive all of my more charges, along with any interest owed to me.	is my correct taxpayer ident (2) I am not subject to back (3) I am a U.S. citizen or ott Service does not require y	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.				
Important Information about Procedures for Opening a New Accountight the funding of terrorism and money laundering activities, federal institutions to obtain, verify, and record information that identifies each state of the control	l law requires all financial	X Member Signature		Date		
What this means for you: When you open an account, we will ask for birth, and other information that will allow us to identify you. We may license or other identifying documents.	or your name, address, date of					
Account Terms and Conditions effective 12/27/2023 and are subjections and conditions are solely within the discretion of the Board of amount you may invest in one or more accounts to a total of \$1,000	Directors. We may limit the					
X						
Member Signature Da	ite					
X						
Joint Owner Signature Da	te					

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.

4 Beneficiary(ies)