



MEMBERSHIP APPLICATION AND AGREEMENT

(Please read instructions on the reverse on how to complete this application)

My qualification for membership is:
A. By sponsoring organization: (Name of Organization)

B. Immediate Family Member of (Name and Relationship)

I certify that the address shown below is my current address. I agree to notify you of any change to this address.

JOINT OWNER INFORMATION

RIGHT THUMBPRINT

1 MEMBER INFORMATION

Member Name		
Home Street Address		
City	State	Zip
Date of Birth	Social Security No.	Driver's License No.
Business Phone () () ()	Employer	Occupation
Home Phone () () ()	E-mail Address	Mother's Maiden Name

Joint Owner Name		
Home Street Address		
City	State	Zip
Date of Birth	Social Security No.	Driver's License No.
Business Phone () () ()	Employer	Occupation
Home Phone () () ()	E-mail Address	Mother's Maiden Name

2 ADDITIONAL JOINT OWNER(S) (Only complete for Representative Payee, Custodian, Executor, or if more than one Joint Owner.)

Name	Date of Birth	Relationship	Social Security Number	Home Phone () ()
Name	Date of Birth	Relationship	Social Security Number	Home Phone () ()

3 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 the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account established on this form:

Name of Beneficiary	Phone No.	Social Security No.	Name of Beneficiary	Phone No.	Social Security No.
Address of Beneficiary	Date of Birth	Relationship to Primary Owner	Address of Beneficiary	Date of Birth	Relationship to Primary Owner

4 SELECT YOUR ACCOUNT(S) (For Business, Trust and IRA accounts please contact the credit union for separate application and signature card.)

Checking Account Regular Share Account Holiday Saver Account Share Certificate Account Market Daily Account

5 CHECKING OVERDRAFT PROTECTION SEQUENCE

Checking Account overdrafts can be covered in three different ways or combination thereof. Unless specifically requested otherwise, transfers will be made first from Regular Shares, then Market Daily and then from Line of Credit. The Line of Credit is subject to credit approval and a separate application may be required. If a different sequence is preferred, or you do not want overdraft protection, please indicate below.

Sequence Requested: _____ Regular Shares _____ Market Daily _____ Line of Credit **To decline Overdraft service, initial here:** _____

6 HOME BANKING SERVICES

24-hour access to your accounts by Telephone (ART) and/or Personal Computer will automatically be established unless declined by you. A Personal Identification Number (PIN) will be mailed to you with our Electronic Services Disclosure.

To decline HomeBanking service, initial here: _____

7 VISA DEBIT CARD & ATM CARD

All checking accounts will be reviewed for a VISA Debit Card or a Regular ATM Card, unless service is declined by you. If approved, the card and PIN will be mailed to you with our Electronic Services Disclosure.

To decline VISA Debit Card & ATM Card service, initial here: _____

8 TAXPAYER I.D.

My Taxpayer Identification Number (Social Security Number) is - -

TIN 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, (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, and (3) I am a U.S. person (including a U.S. resident alien).

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.

9 AUTHORIZATION & SIGNATURE(S)

In this Membership Application and Agreement ("Agreement"), "I", "My" and "Me" mean each and every person who signs below. "You" and "Your" mean Visterra Credit Union ("VISTERRA CU"). I understand and agree that this Agreement shall govern the accounts established at the point of membership, or at a later time under this agreement. I authorize you to open other accounts for me in person or per my telephone request.

By signing below, I understand and agree that any person signing below may open additional accounts under this Agreement and that I will be named an owner on any such accounts opened. VISTERRA CU is not required to obtain my consent or notify me concerning the opening of additional accounts by any other owner under this Agreement. Any beneficiary changes or the addition of joint owners must be agreed to by all owners and will affect all accounts under this Agreement. In the event any account opened under this Agreement is closed, this Agreement shall continue in full force and effect as to all other accounts that remain open under this Agreement. Any or all owners may pledge all or any part of the shares in the accounts governed by this Agreement as collateral security for any credit union indebtedness.

I also authorize you to obtain credit reports about my credit history and previous bank account information from others to determine my initial account eligibility, eligibility for an ATM or VISA Debit Card, and for offering me future credit opportunities. I authorize you to give information concerning your experience with me to others. You may report information about my account to credit bureaus. Late payments, missed payments, or other defaults on my account may be reflected in my credit report. I understand and agree that you may retain this application and any other information you may receive and that I waive my right to confidentiality of my records with the California Department of Motor Vehicles (DMV) and authorize you to obtain such information from the DMV.

Note: 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	X _____ Joint Owner Signature	_____ Date
X _____ Additional Joint Owner Signature	_____ Date	X _____ Additional Joint Owner Signature	_____ Date

MEMBERSHIP APPROVAL - CREDIT UNION USE ONLY Signature of Membership Officer _____ Date _____

ATTACH CHECK FOR INITIAL DEPOSIT HERE

DTD

INITIAL

CR RPT

MEMBER NUMBER

CU USE ONLY

2.

3.

4.