

- Complete this form to open a new membership and/or checking.
- New memberships require a minimum of \$15 (\$10 enrollment fee plus a minimum \$5 initial deposit in a Membership Savings account).
- Checking accounts require a minimum \$25 initial deposit.
- Fund the account(s) by transferring funds from your Provident account; or include a check (payable to Provident Credit Union), an automatic transfer form, or a direct deposit form.
- Mail to the address above (attention: Account Services), fax* to (650) 508-0619, or drop off at any Provident community branch.

PROOF OF ENROLLMENT:

School Name
 4-yr 2-yr Trade
 Full Time Part Time
 Fr. So. Jr.
 Sr. Grad. Other

Graduation Date (Month/Year)

Primary Owner

Promo Code (if applicable) _____ Member Number (existing members)

 ↑ Last Name _____ First Name _____ M.I. _____ Birth Date _____

 Social Security/Tax Identification Number _____ I.D./Driver License Number _____ State _____ Issue Date _____ Expiration Date _____

 Mother's Maiden Name _____ Eligibility (Name of community, association, employer, or family member) _____

 Address _____ City _____ State _____ Zip _____

 Home Phone _____ Cell Phone _____ Work Phone _____

 E-mail Address (Super Reward Checking Requirement) _____ Name of Beneficiary (if no joint owner, or upon death of both owners) _____

Retired Unemployed **Background:** US Citizen Permanent Resident Non-Resident Alien³

 Employer (or previous employer if retired or not employed) _____ Job Title (or minor, disabled, etc. if not employed) _____

 Employer Address _____ City _____ State _____ Zip _____

Joint Owner

↑ Last Name _____ First Name _____ M.I. _____ Birth Date _____

 Social Security/Tax Identification Number _____ I.D./Driver License Number _____ State _____ Issue Date _____ Expiration Date _____

 Address _____ City _____ State _____ Zip _____

 Home Phone _____ Cell Phone _____ Work Phone _____

 E-mail Address _____ Mother's Maiden Name _____

 Retired Unemployed **Background:** US Citizen Permanent Resident Non-Resident Alien³

 Employer (or previous employer if retired or not employed) _____ Job Title (or minor, disabled, etc. if not employed) _____

 Employer Address _____ City _____ State _____ Zip _____

Signatures (Include a copy of the driver license or I.D. for all signers.)

By signing below, I certify, in accordance with IRS W-9 instructions under penalties of perjury, (1) that the Social Security Number/Taxpayer Identification Number on this application is correct, and (2) that I am not, unless designated below, subject to back-up withholding. Unless designated below, I affirm that I have not been notified that I am subject to back-up withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to back-up withholding. I am subject to back-up withholding. (3) I am a U.S. citizen or U.S. resident alien unless I have checked the box on this form regarding my background that I am a non-resident alien and have or will complete a W-8 BEN to certify foreign status.

By signing below, I/we acknowledge receipt of Provident's Master Disclosure and Service Charge Schedule or acknowledge copies will be mailed to me/us and agree to their terms and conditions. This authorizes Provident to do an independent credit review, including the verification of my employment history, and obtaining credit reports now and in the future. Provident will also review all signers through ChexSystems. Provident has the right to furnish other credit reporting services with information about my credit. Note: the IRS does not require your consent to any provisions of this document other than the certifications required to avoid back-up withholding.

* Faxed documents/signatures are considered as legally binding as original documents/signatures and shall be sufficient unless originals are required by a third party.

Credit Union Use Only:

 Member Number
 SC CS ID EV

 Approved By

X _____ **X** _____
 Primary Owner Signature _____ Date _____ Joint Owner Signature _____ Date _____

Pursuant to the **USA Patriot Act** (Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism), 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(S) TO OPEN:

- Membership Savings
 College Visa (Page 2)
 College Auto Loan (Page 2)
 Checking Account:
 Simply Free Checking
 Super Reward Checking

Checking Options:

- **Free Visa Debit Card**
 You Joint Owner
- **Checks**
 Yes No
 In addition to my name, print checks with:
 Phone Number
 Joint Owner Name
- **e-Documents**
 Includes statements and notices.
Required for Super Reward Checking.
To enroll, click on the e-Documents tab within online banking.
- **No Fee** Overdraft Protection**
 Yes No
 ** Except Simply Free Checking. See Service Charge Schedule.
 If "yes" place a number next to the account (if applicable) to indicate the order you prefer to have the funds drawn:
 _____ Membership Savings
 _____ College Visa
 _____ VIP Line of Credit
 _____ Other Checking (Suffix): _____
- **Courtesy Pay**
 If you exhaust your Overdraft Protection funds or are not enrolled, Courtesy Pay will be automatically applied to your account for check, electronic payments, and recurring debit card transactions. **At your request**, ATM and one-time debit card transactions also will be covered.
 Yes. Cover all transactions.
 There is a **fee** associated with each item covered. Overdraft limits apply based on type of checking account. Please refer to the Courtesy Pay Overdraft Policy and Service Charge Schedule for details.

FUND ACCOUNT(S):

\$ _____
 Amount to Membership Savings
 \$ _____
 Amount to Checking
 Check enclosed
 Automatic Transfer form
 Direct Deposit form
 From my Provident account:

 Member Number _____ Account Suffix _____

ESTIMATED MONTHLY TRANSACTIONS:

- Cash \$ _____
 ACH \$ _____
 Electronic Payment Country _____
 Wires \$ _____
 Country _____
 Chks. \$ _____
 Negotiable Instruments _____
 None of the Above

- Membership required. If not a member, submit a membership application along with this form.
- Mail to the address above (attention: Loan Services), fax to (650) 508-7290, or drop off at any Provident community branch.

Applicant

Member Number (existing members) _____

↑ Last Name _____ First Name _____ M.I. _____ Birth Date _____

Social Security/Tax Identification Number _____ I.D./Driver License Number _____ State _____ Issue Date _____ Expiration Date _____

Current Address _____ City _____ State _____ Zip _____ How Long (Yrs/Mos) _____

Previous Address (If less than 2 yrs at current) _____ City _____ State _____ Zip _____ How Long (Yrs/Mos) _____

E-mail Address _____ Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ How Long (Yrs/Mos) _____ Job Title _____

Employer Address _____ City _____ State _____ Zip _____

Gross Annual Income _____ Other Income _____ Source of Other Income _____

Previous Employer (If less than 2 years at current) _____ How Long (Yrs/Mos) _____ Job Title _____

Married Single Separated _____ Rent Own Live w/Relative _____
of Dependents _____ Rent/Mortgage _____

Co-Applicant/Joint Borrower (if applying for joint credit)

↑ Last Name _____ First Name _____ M.I. _____ Birth Date _____

Social Security/Tax Identification Number _____ I.D./Driver License Number _____ State _____ Issue Date _____ Expiration Date _____

Current Address _____ City _____ State _____ Zip _____ How Long (Yrs/Mos) _____

Previous Address (If less than 2 yrs at current) _____ City _____ State _____ Zip _____ How Long (Yrs/Mos) _____

E-mail Address _____ Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ How Long (Yrs/Mos) _____ Job Title _____

Employer Address _____ City _____ State _____ Zip _____

Gross Annual Income _____ Other Income _____ Source of Other Income _____

Previous Employer (If less than 2 years at current) _____ How Long (Yrs/Mos) _____ Job Title _____

Reference

↑ Last Name _____ First Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Signatures

Everything I have stated in this application is true and complete. I understand that it is a crime to furnish inaccurate information in a credit application. This authorizes Provident to do an independent credit review, including the verification of my employment history, and to obtain credit reports now and in the future. Provident has the right to furnish other credit reporting sources with information about my credit.* Faxed documents/signatures are considered as legally binding as original documents/signatures and shall be sufficient unless originals are required by a third party.

X _____ X _____
Primary Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

LOAN/CREDIT TYPE(S):

- College Visa Credit Card
 College Auto Loan

AUTO LOAN PAYMENT METHOD:

- Standard monthly billing.
 Automatic transfer from my Provident account (Without automatic transfer, interest rate is 2% higher.)

Member Number _____ Account Suffix _____

PROOF OF ENROLLMENT:

School Name _____

4-yr 2-yr Trade
 Full Time Part Time
 Fr. So. Jr.
 Sr. Grad. Other

Graduation Date (Month/Year) _____

INSURANCE & RELATED COVERAGE:

Proof of insurance is required to receive an auto loan.

Let us know if you are interested in any of the following products and we will contact you.

• Auto and Home Insurance

- Yes. Please contact me.

If Provident Plus Insurance Agency, our subsidiary, can help you with insurance and provide a free quote.

- Auto Home Renter's

Or call (800) 310-0395 or visit online at providentcu.org/insure.

Insurance products are not deposits of Provident Credit Union and are not protected by the NCUA. They are not an obligation of or guaranteed by Provident Credit Union and may be subject to risk. Any insurance required as a condition of an extension of credit by Provident Credit Union need not be purchased from Provident Plus Insurance Agency and may be purchased from an agent or an insurance company of the customer's choice. Provident Plus is a wholly-owned subsidiary of Provident Credit Union. Business conducted with Provident Plus Insurance Agency is separate and distinct from any business conducted with Provident Credit Union.

• Credit Protection

- Yes. Please contact me.

Cancel your loan balance or loan payments in the unfortunate event of a major life setback.

• Mechanical Breakdown Ins.

- Yes. Please contact me.

Protect your vehicle over and above manufacturer's warranty.

• Guaranteed Auto Protection

- Yes. Please contact me.

If your car gets stolen or totaled you won't have to pay off your loan if your insurance doesn't cover the entire amount.

Pursuant to the USA Patriot Act (Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism). 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.

Provident College Visa® Credit Card

Interest Rate and Interest Charges

Annual Percentage Rate (APR) for Purchases	15.65% for six months. After that the APR will be 17.65% . This APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	17.65% for six months. After that the APR will be 18.00% . This APR will vary with the market based on the Prime Rate.
APR for Cash Advances	18.00% APR. This APR will vary with the market based on the Prime Rate.
Penalty APR and when it applies	18.00% This APR may be applied to your account if your account is past due. If your APRs are increased for this reason, the Penalty APR will apply until you make six consecutive minimum payments when due.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$.50.
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore

Fees

Transaction Fees <ul style="list-style-type: none">• Balance Transfer• Cash Advance• Foreign Transaction	Either \$10.00 or 2% of the amount of each transfer, whichever is greater. Either \$10.00 or 3% of the amount of each cash advance, whichever is greater. 3% of each transaction in US dollars.
Penalty Fees <ul style="list-style-type: none">• Late Payment• Returned Payment	Up to \$15 Up to \$25

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)." See your account agreement for more details.

Loss of Introductory APR: We may end your introductory APR and apply the Penalty APR if you make a late payment.

* The Prime Rate used to determine the APR is the rate published in The Wall Street Journal.