



REMOTE ACCESS

Online Banking- PAL

www.spectrumfcu.org

Email:

members@spectrumfcu.org

Telephone Banking

Transactions & Inquiries:

(800)782-8782, press 4

Direct Deposit Information:

Routing # 321075866

Your payroll department will need your member number and to know whether you want your check deposited directly to savings or checking.

Spectrum Federal Credit Union is your full service financial institution.

The Spectrum Basic Membership:

- Savings Account
- Checking Account
- Check/Debit Card (upon approval)
- VISA Card (upon approval)
- Online Account Management
- Free Electronic Billpay

Ask us about our...

- Money Market Accounts
- Share Certificates
- Mortgage Loans
- Home Equity Lines of Credit
- Auto Loans/Boats/RV's
- Student Loans through FFEL
- Personal Lines of Credit
- IRAs/IRA Certificates
- Financial Planning Services
- Signature Loans
- Seminars

SFCU General Information

Web Site www.spectrumfcu.org
 E-mail members@spectrumfcu.org
 Member Services (800)782-8782
 Fax (415)522-5160
 SAM-24 Phone Service (800)782-8782
 Mail Address:
Spectrum FCU
 P.O. Box 193919
 San Francisco, CA 94119-3919

OVERDRAFT PROTECTION

- I decline overdraft protection.
- I authorize Privilege Pay (see fee schedule)
- I authorize you to clear any overdrafts on my account in accordance with the options listed below.

Please list order of preference (1, 2, & 3) for overdrafts:

Shares _____ Money Market _____ Line of Credit _____

PAY ON DEATH (POD) BENEFICIARIES

POD PAYEES TO ALL ACCOUNT ID'S UNDER THIS MEMBER NUMBER. THEY ARE IN EFFECT UNTIL A NEW BENEFICIARY CARD IS RECEIVED BY SFCU.

POD PAYEE NAME: _____ DOB: _____ POD PAYEE NAME: _____ DOB: _____

SOCIAL SECURITY #/TIN: _____ SOCIAL SECURITY #/TIN: _____

RELATION: _____ RELATION: _____

ADDRESS: _____ PHONE NUMBER: _____

CONSENT OF SPOUSE (To be completed if Beneficiary is other than the spouse of member)

Approved and consented to this date: _____

Signed: _____ Spouse of: _____

NOTE: TERMS AND CONDITIONS OF LIFE SAVINGS INSURANCE SUBJECT TO CHANGE OR TERMINATION BY CREDIT UNION

Please check if you would like to receive valuable information on-line:

_____ I would like to receive my account statements via email and/or online, instead of through the U.S. Mail.

_____ I would like to receive email notices of rate promotions/news/events

EDUCATE US!

Tell us about yourself so we can provide you with better service and products.

How did you hear about SFCU?

What is your primary reason for bringing your business to us?

FINANCIAL DATA: Check any accounts you have with other financial institutions:

_____ Checking _____ Savings _____ Certificate _____ IRA
 _____ Money Market _____ Auto Loan _____ Mortgage _____ Home Equity

You are requesting the following accounts with SFCU. Please check the box next to the account(s) you would like to open. Also indicate if account is to be (I) Individual or (J) Joint.

Account Type	(I) or (J)	Account Type	(I) or (J)
Share (savings)		Checking (type)	
Bill Payer			
IRA	"I" Only	Money Market (type)	
Share Certificate			
Debit Card		Direct Deposit	
Signature Loan		Payroll Deduction	
Auto Loan			

FOR CREDIT UNION USE ONLY

MSO Opening Account: _____

E-Funds Verified On: _____ Credit Report Pulled: Yes ___ No ___

Debit Card Approved: Yes ___ No ___ If No, adverse action notice sent on: _____

Debit Card Ordered on: _____ Thank You Card Mailed on: _____

Approved by: _____ Date: _____
(Signature AND printed name)



SPECTRUM Federal Credit Union

Membership Application

FILL OUT THE FOLLOWING SECTIONS FOR BOTH PRIMARY AND JOINT OWNERS.
ALL OWNERS MUST SIGN BELOW.

MEMBER NUMBER _____

PRIMARY OWNER OF ACCOUNT

QUALIFYING MEMBERSHIP GROUP/ EMPLOYER/ COMMUNITY:

- FAMILY MEMBER NAME _____
- COMPANY/ COMMUNITY _____

LAST NAME		FIRST NAME		MIDDLE INITIAL	
RESIDENCE ADDRESS (NOT P.O. BOX)			CITY	STATE	ZIP
MAILING ADDRESS			CITY	STATE	ZIP
DRIVER'S LICENSE#	STATE	OR VALID ID #/ TYPE		SEX: M/F	
SOCIAL SECURITY #/TIN		HOME PHONE	WORK PHONE	CELL PHONE	
DATE OF BIRTH		E-MAIL	PASSWORD/ MOTHER'S MAIDEN NAME		

JOINT OWNER (Joint ownership does not constitute Credit Union membership. The joint owner designated below shall jointly & equally own all accounts as indicated on this card, with right of survivorship)

LAST NAME		FIRST NAME		MIDDLE INITIAL	
RESIDENCE ADDRESS (NOT P.O. BOX)			CITY	STATE	ZIP
MAILING ADDRESS			CITY	STATE	ZIP
DRIVER'S LICENSE#	STATE	OR VALID ID #/TYPE		SEX: M/F	
SOCIAL SECURITY #/TIN		HOME PHONE	WORK PHONE	CELL PHONE	
DATE OF BIRTH		E-MAIL	PASSWORD/ MOTHER'S MAIDEN NAME		

CERTIFICATION: Under penalties of perjury, I certify that the Social Security number shown on this form is my correct Taxpayer ID Number
and:

_____ I am subject to backup withholding, per the IRS, **or**

_____ I am not subject to backup withholding per the IRS,

**and (circle one): I am / I am NOT a U.S. person (including resident alien)
(If not, you must complete a W-8BEN form)**

Primary Owner's Signature (required):	Date:
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Joint Owner's Signature (if applicable):	Date:
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By signing, I/we agree to the terms, conditions, and covenants of the agreements applicable to each account set forth in the Truth in Savings Disclosure and Agreements Brochure of which I have received a copy. I/we also agree to allow SFCU to make any inquiries that you consider appropriate to evaluate our accounts. This includes ordering a credit report. The Membership Application controls all account(s) opened under this member number, except Individual Retirement Accounts and Trust accounts, and is a continuing authorization to open any other accounts for me upon my verbal request and deposit of funds.

WELCOME TO SPECTRUM FEDERAL CREDIT UNION!

Lifetime Membership: There is a \$5.00 one-time membership fee and a minimum deposit of \$25.00 (one share) to establish membership in the Credit Union. This \$25.00 balance will remain on deposit for the duration of your membership and may be held in a credit union savings account.

Consult the Truth in Savings Disclosure & Agreement Brochure for more information regarding Credit Union membership services; a copy is provided to you at the time of opening.

Check our current dividend rates and fees on-line at: www.spectrumfcu.org.

**We are here to serve you today,
tomorrow, anytime, anywhere.**

ACCOUNT ACCESS

To access Spectrum Federal Credit Union's **PAL (Web Banking)**, and **Bill Payer**, you will need to obtain a Personal Identification Number (PIN).

Upon request, we will provide you with a random 6-digit PIN, to access Home Banking PAL via the Internet. The first time you use it, the system will require you to change it to one of your own choosing; please use any combination of 6 to 10 alpha & numeric digits.

Bill Payer can be accessed through PAL, click on "Pay Bills" to register.

To access **SAM 24 telephone banking** for the first time, use the last 4 digits of your Social Security # as your password. The system will require you to change it to one of your own choosing; please use any combination of 4 to 6 numeric digits.

SPECTRUM REFERENCE CARD



E-mail: members@spectrumfcu.org
Member Services: (800)782-8782
Website: www.spectrumfcu.org

Name: _____

Member No: _____