**Chevron Federal Credit Union Bridging Loan Package**

Chevron Federal Credit Union (CFCU) is pleased to process your bridging loan request. To assure closing on time, please complete and return the enclosed paperwork to CFCU no later than three (3) weeks prior to your escrow closing date.

**Note: Credit union regulations require that all borrowers be members of the credit union prior to disbursement of loan funds. If all borrowers are not yet members, please complete all steps below. If all borrowers are already members you may skip steps 1 and 2.**

1. **MEMBERSHIP APPLICATION**–
	1. Visit your local CFCU branch. A financial services representative will assist you with establishing your membership; or
	2. Apply online at www.chevronfcu.org or
	3. Complete the attached Membership Application and Agreement and Regulatory Questions (see item 2 below) and mail, along with copies of your social security number and current US or foreign passport, State ID or driver’s license, to the address below. To fund your membership(s), please also include a check, made payable to Chevron Federal Credit Union, in the amount of $25.00 for an individual membership or $50.00 for a joint membership.
2. **MEMBERSHIP REGULATORY QUESTIONS**–Please complete the form foreach person applying for membership with CFCU.
3. **CONSUMER LOAN APPLICATION**–Please complete APPLICANT/CO-APPLICANT INFORMATION. Sign and date the application.
4. **CONTACT INFORMATION**–Please complete and provide all informationrequested.
5. **WIRE TRANSFER FEE**–There is a $20.00 wire transfer fee to remit funds to thetitle/settlement company. For existing members, your account will be deducted the amount of this fee. For new members, please include this amount in your check to fund your membership or mail a check payable to Chevron Federal Credit Union.

**IMPORTANT:** Your bridging loan funds will be wired to your title company two (2)days prior to your scheduled closing date, excluding weekends and holidays. Please contact your Relocation Consultant with any questions regarding the bridging loan process.

**MAILING ADDRESSES:**

Chevron Federal Credit Union

Attn: Melissa Lagasca

2300 Clayton Rd, Suite 545

Concord, CA 94520

Phone: (925) 771-8442

Rev. 05/2020

Member Number



|  |  |
| --- | --- |
| XA Application No. | Promo Code |

**Membership Application and Agreement**

**FEDERAL NOTICE ABOUT ACCOUNT OPENING PROCEDURES:** Federal law requires all financial institutions toobtain, verify and record information that identifies each person who opens an account. When you open an

**Primary Member/Owner Information** 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, passport or other identifying documents.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (First, Middle, Last, Suffix) |  |  | Password | Social Security Number / TIN |
|  |  |  |  |  |  |  |
| Residential Address (No P.O. Box) |  |  |  |  | City, State, Zip |  |
|  |  |  |  |  |  |  |  |
| Mailing Address if Different |  |  |  |  |  | City, State, Zip |  |
|  |  |  |  |  |  |  |  |
| ID Type / ID # / Issue Date |  |  | Country/State of Issue | Expiration Date | Home Phone No. | Work Phone No. |
|  |  |  |  |  |  |  |  |  |
| Employer Name |  |  |  |  | Occupation |  | Cell Phone No. |
|  |  |  |  |  |  |  |  |
| My account | ❑ Individual |  |  | Email Address |  | Date of Birth |
| type will be | ❑ Joint with right of survivorship |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| I am eligible through | ❑ Existing member | ❑ Employer | ❑ Other Member |  |
|  |  |  |  | Name: | Name: |  |
|  |  | ❑ Family Member |  | Name: | ❑ Association |  |
|  |  | Relationship: |  |  |  |  | Name: |  |
|  |  |  |  |  |  |  |  |  |

Check appropriate box: ❑ Joint owner is also member ($50 minimum balance)

❑ Joint owner is not a member ($25 minimum balance)

|  |  |  |
| --- | --- | --- |
|  |  | If named, all accounts established under this membership (other than IRA and fiduciary) and unless designated |
| **Joint Member/Owner Information** |
| otherwise will be joint ownership with right of survivorship. |  |  |
|  |  |  |  |  |  |  |  |
| Name (First, Middle, Last, Suffix) |  |  | Password |  | Social Security Number / TIN |
|  |  |  |  |  |  |  |  |
| Residential Address (No P.O. Box) |  |  | City, State, Zip |  |  |  |
|  |  |  |  |  |  |  |  |  |
| ID Type / ID # / Issue Date |  |  | Country/State of Issue | Expiration Date | Home Phone No. |  | Work Phone No. |
|  |  |  |  |  |  |  |  |  |
| Employer Name |  |  |  | Occupation |  |  | Cell Phone No. |
|  |  |  |  |  |  |  |  |  |
| Email Address |  |  |  |  |  |  |  | Date of Birth |
|  |  |  |  |  |  |  |  |  |
| I am eligible through | ❑ Existing member | ❑ Employer |  | ❑ Other Member |
|  |  |  | Name: |  | Name: |  |  |
|  | ❑ Family Member |  | Name: |  | ❑ Association |
|  | Relationship: |  |  |  |  | Name: |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | If named, all accounts established under this membership (other than IRA and fiduciary) and unless designated |
| **Joint Owner Information** |
| otherwise will be joint ownership with right of survivorship. |  |  |
|  |  |  |  |  |  |  |
| Name (First, Middle, Last, Suffix) |  |  | Password |  | Social Security Number / TIN |
|  |  |  |  |  |  |  |
| Residential Address (No P.O. Box) |  |  | City, State, Zip |  |  |  |
|  |  |  |  |  |  |  |  |  |
| ID Type / ID # / Issue Date |  |  | Country/State of Issue | Expiration Date | Home Phone No. |  | Work Phone No. |
|  |  |  |  |  |  |  |  |  |
| Employer Name |  |  |  | Occupation |  |  | Cell Phone No. |
|  |  |  |  |  |  |  |  |  |
| Email Address |  |  |  |  |  |  |  | Date of Birth |
|  |  |  |  |  |  |  |  |  |

This account is owned by the named party(ies). If there is more than one owner, ownership passes to the survivor(s) upon the death of any of them. Upon the death of all of them, ownership passes to the named pay-on-death beneficiary(ies) listed below.

Beneficiary’s Name (First, Middle, Last) Social Security # Date of Birth

1.

2.

3.

By signing this agreement, I/we agree to Chevron Federal Credit Union (”CFCU”) bylaws and the terms and conditions of any approved account, as amended from time to time, and authorize CFCU to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency on the undersigned, as individuals. The undersigned certify that the information provided on this application is true and correct and that the terms on this application apply to all listed accounts. I/we agree to the Miscellaneous Provisions and the section titled Overdraft Protection on page 2. I/we acknowledge receipt and agree to be bound by the terms of the following disclosures for each member service I/we have requested: Master Account Agreement and Disclosure, Funds Availability Disclosure, Truth-in-Savings Disclosure, Fee Schedule, Electronic Fund Transfers Disclosure and Privacy Disclosure.

Continued on reverse

CF-204 2/12 (4,000)

**Continued from reverse**

**Miscellaneous Provisions**

**I/we hereby make application for membership in CFCU and agree to conform with CFCU’s bylaws and amendments, laws, policies and applicable regulations and keep at least $25 (one share per member) in the primary savings account.**

My/our signature(s) is shown on this agreement. You are authorized to supply any endorsement for me/us on any check, draft or other instrument tendered for this account, and you are hereby relieved of any liability in connection with collection of such items which are handled by you without negligence, and you shall not be liable for the acts of your agents, subagents or others or for any casualty. Withdrawals may not be made against such items until collected, and any amount uncollected may be charged back to this account, including expenses incurred and any other outside expense incurred relative to this account may be charged to it.

By signing this agreement, I/we affirm that all the information I/we have provided is complete and correct to the best of my/our knowledge, and agree to furnish other information you may request from time to time. In considering my/our request or renewal for any financial service, you may request and use reports from my employer, creditors and/or outside reporting agencies or services. If there is any change in my/our name or address, or if any financially significant change occurs after I/we have applied for any service, I/we agree to notify you immediately. All subsidiary accounts, savings, checking, share certificates, etc., have the ownership as outlined in this agreement. All persons who sign this agreement as joint owners may deposit or withdraw any amount from any accounts (except for IRAs). Should any owner die, the other owner(s) will automatically own any money in the accounts (except for IRAs). Owners of an account who have the capacity to sign are jointly and severally liable for all checks and transactions on the account(s).

I/we understand and agree that except as modified in any specific loan or share account agreement or applicable law, all my/our shares and deposits are subject to a lien under the Federal Credit Union Act to the extent of my/our obligations to CFCU.

**Overdraft Protection**

OVERDRAFT PROTECTION FOR CHECKING ACCOUNTS:

You must opt-in to Overdraft Protection for ATM and one-time debit card transactions to have these transactions covered. If you do not opt-in to overdraft protection and you do not have sufficient funds available in your account, these transactions will be denied. You acknowledge that Overdraft Protection from available funds in your share savings, MarketEdge or line-of-credit accounts will be automatically set up for all other transactions, **unless you instruct us differently**. Refer to the Master Account Agreement and Disclosure for more details.

**By signing below, the undersigned agree: If you become indebted to CFCU in any way, including by your use of plastic cards or by overdrawing your checking account, and you do not pay as agreed, CFCU can take any of CFCU shares in which you have an interest to recover all or part of your debt without notice and without waiving other collection rights. This consent applies to all funds voluntarily deposited to CFCU, including funds normally exempt from creditors’ remedies such as Social Security direct deposit, unless prohibited by law or the share agreement. CFCU never requires deposit of exempt funds. This consent is in addition to CFCU’s right to impress a lien on shares under the Federal Credit Union Act or any equitable right of offset.**

**SUBSTITUTE W-9 TAXPAYER ID CERTIFICATION – you may ask a CFCU representative for official IRS W-9 instructions, or, if applying online, go to www.irs.gov and use the W-9 form link to obtain W-9 instructions.**

**By signing below I certify under penalties of perjury that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (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. citizen or other U.S. person (defined in the instructions).**

**CERTIFICATION INSTRUCTIONS. You must 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.**

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

|  |  |
| --- | --- |
| Signature of Primary Member/Owner | Date |
|  |  |
| Signature of Joint Member/Owner | Date |
|  |  |
| Signature of Joint Owner | Date |
|  |  |

|  |  |
| --- | --- |
|  | **For Credit Union Use Only** |
|  |  |
| Name | Member # |
|  |  |
| Opened By: | Date: |
|  |  |
| Approved By: | Date: |
|  |  |

Federally Insured by NCUA.

Federal Law requires all financial institutions to obtain,

**Regulatory Questions** verify, and record information that identifies each person who opens an account. The following questions must be

answered for each member or signer on the account.

**Primary Member / Owner Name (First, Middle, Last, Suffix)**

|  |  |
| --- | --- |
| Do you hold a senior political position with | Yes |
| a foreign government? | No |
|  |  |
| *What is the position held?* | *In what country?* |
|  |  |
| Does a close associate or family member | Yes |
| hold a senior political position with a foreign |
| No |
| government? |
|  |
|  |  |
| *What is your relation to the associated person?* |  |
|  |  |
| *What is the position held?* | *In what country?* |
|  |  |

**Joint Member / Owner Name (First, Middle, Last, Suffix)**

|  |  |
| --- | --- |
| Do you hold a senior political position with | Yes |
| a foreign government? | No |
|  |  |
| *What is the position held?* | *In what country?* |
|  |  |
| Does a close associate or family member | Yes |
| hold a senior political position with a foreign |
| No |
| government? |
|  |
|  |  |
| *What is your relation to the associated person?* |  |
|  |  |
| *What is the position held?* | *In what country?* |
|  |  |

03010-092-00

05/13

**CONSUMER LOAN APPLICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Amount Requested | Purpose of Loan |  | Type of Credit | Down Payment |
| $ |  |  | ❑ Individual ❑ Joint | $ |  |
| Type of Loan Requested: | ❑ Personal | ❑ Auto | ❑ Credit Card | ❑ Co-Signer | ❑ Other |

**APPLICANT**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  |  | Social Security # | Date of Birth |  |  | Member # |  | Driver’s License # |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Current Street Address |  |  |  |  |  |  | City |  |  |  |  |  |  | State |  |  | Zip |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Time at Current Residence | Monthly Housing Expense |  | ❑ Own | ❑ Live with parents |  | Home Phone # |
| Years | Months | $ |  |  |  |  |  |  | ❑ Rent | ❑ Other |  |  |  |  |  |  |  |  |  |
| Previous Address (if less than 2 years at current) |  | City |  |  | State |  | Zip |  |  |  |  |  | Time at Previous Residence |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Years |  | Months |
| Current Employer |  | Business Phone |  | Hire Date |  | Position |  |  | If temp Assignment, |
| Years in Profession |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | give end date |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address |  |  |  |  |  | City |  |  |  |  | State |  | Zip |  | Gross Monthly Income |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | $ |  |  |  |
| Previous Employer Name & Address, if less than 2 years at current |  |  |  |  | Hire Date |  |  |  |  | End Date |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*Alimony, child support or separate maintenance income need not be included unless you want to have it considered as a basis of repaying this obligation.

**CO-APPLICANT**

❑ **Spouse** ❑ **Co-Applicant not Spouse** ❑ **Co-Signer**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  |  | Social Security # | Date of Birth |  |  | Member # |  | Driver’s License # |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Current Street Address |  |  |  |  |  |  | City |  |  |  |  |  |  | State |  |  | Zip |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Time at Current Residence | Monthly Housing Expense |  | ❑ Own | ❑ Live with parents |  | Home Phone # |
| Years | Months | $ |  |  |  |  |  |  | ❑ Rent | ❑ Other |  |  |  |  |  |  |  |  |  |
| Previous Address (if less than 2 years at current) |  | City |  |  | State |  | Zip |  |  |  |  |  | Time at Previous Residence |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Years |  | Months |
| Current Employer |  | Business Phone |  | Hire Date |  | Position |  |  | If temp Assignment, |
| Years in Profession |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | give end date |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address |  |  |  |  |  | City |  |  |  |  | State |  | Zip |  | Gross Monthly Income |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | $ |  |  |  |
| Previous Employer Name & Address, if less than 2 years at current |  |  |  |  | Hire Date |  |  |  |  | End Date |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*Alimony, child support or separate maintenance income need not be included unless you want to have it considered as a basis of repaying this obligation.

Married persons may apply for individual credit. If Married and living in a community property state (AZ, CA, ID, LA, NM, TX, WA, WI) provide information about your spouse on this application. **California Residents:** Regardless of your marital status, you may apply for credit in your name alone. **Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit-reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law. **New York Residents:** Upon request, we will inform you of the names and addresses of any consumer reporting agencies which have provided us with such reports. Contact the New York State Banking Department to obtain a comparative listing of credit card rates, fees and grace periods. Call 800-518-8866. **Married Wisconsin Residents:** No agreement, court order or individual statement applying to marital property will adversely affect a creditor’s interests unless prior to the time credit is granted the creditor is furnished with a copy of the agreement, court order or statement, or has actual knowledge of the adverse provision. Married Wisconsin residents must furnish the name and address of their spouse to: CFCU P.O. Box 2069, Oakland, CA 94604-2069.

I authorize Chevron Federal Credit Union, to independently verify the information I have provided on this application by any lawful means and to exchange cred-it information about me with others. I agree that you may retain this application and any other credit information you may receive. If my application is approved, authorized use of any Credit Card you issue to me will bind me to the terms of the applicable Credit Card Cardholder Agreement and Disclosure Statement sent with my cards. I agree that by using or authorizing another to use the Account, I will be bound by the terms and conditions of the applicable Loan Agreement and Truth-in-Lending Disclosure Statement (which will be sent to me if my application is approved and before the first transaction is made). I verify that all information I have provided on this application is true and correct. It is illegal to provide false information on a loan application. I authorize you to obtain information from the DMV and waive my confidentiality right under Cal Vehicle Code §1808.21 and comparable laws in other states. In consideration of and as a condition of CFCU issuing credit to me, I consent to your offsetting any delinquent amounts I owe CFCU against funds in any of my credit union accounts.

Applicant Signature Date Co-Applicant Signature Date

CF148 (rev 12/05) By signing above, each of the following applicants certify that they applied for joint credit.

**CONTACT INFORMATION**

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Borrower 1**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CFCU Member # (If already a member): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Borrower 2:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CFCU Member # (If already a member): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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