

Adding Services & Joint Account Owner Application

Member Information

Please Complete In Ink

Account #					
First Name	Middle Initial	Last Name	Mother's Maiden Name		
Street Address	City	State	Zip	Years There	
Home Phone	Cell Phone	Date of Birth			
Social Security Number	Mailing Address (If Different)				
Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address			
Present Employer	Work Phone				
Employer Address	City	State	Zip		
Hire Date	Your Position	Annual Salary/Wages \$			

Joint Owner Account Or P.O.D. Information

Add P.O.D. Remove P.O.D.

Add Joint Owner Remove Joint Owner Checking Savings VISA Check Card MasterCard

First Name	Middle Initial	Last Name	Relationship To Member		
Street Address	City	State	Zip	Years There	
Home Phone	Cell Phone	Date of Birth			
Social Security Number	Mailing Address (If Different)				
Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Present Employer	Work Phone				
Employer Address	City	State	Zip		
Hire Date	Your Position	Annual Salary/Wages \$			
Joint Owner on VISA Check Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Owner on MasterCard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Owner on Checking?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Authorization: By signing below, I/we agree to the terms and conditions of the Membership and Account Application Agreement, Truth-in-Savings Rate Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the credit union makes from time to time which is incorporated herein. I/we understand we have or will receive and read this Agreement and Disclosures applicable to the accounts and services requested herein, and that I/We have read and agree to all terms and conditions on both sides of this application. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Applicant Signature

Date

Joint Applicant Signature

Date

Pick Your PINs (Personal Identification Numbers)

ART (4 Digits)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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VISA Check Card (Or STAR ATM Card)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(All PINs are the same for any Co-Applicant)

Check All Of The New Services You Need:

Note: Some services require credit approval.

- Name Change
- Former Name
- Regular Checking
- Free Checking* (With Direct Deposit)
- Checking Plus Interest
- VISA Check Card*
- STAR ATM Card
- PCU Home Banking
- ART (Audio Response Teller)
- MasterCard* Credit Card
 - Gold Classic
- MasterCard Credit Limit Increase Request Credit Limit _____
- Direct Deposit* Payroll Deduction
- Additional All-Purpose Account

*Enjoy Preferred Member benefits when you have all of these services.

Initial Deposit Information:

- I have enclosed \$ _____
 - for Regular Checking
 - for FREE Checking
 - for Checking Plus Interest

Official Use Only

Account Number

