MEMBERSHIP APPLICATION

A $50 minimum balance, a $5 fee and a photocopy of your driver's license or photo ID (signed) are required to open a Pacific Postal Credit Union membership account.

Member # _____

Name, Last _____ First _____ Middle Initial _____

Type of Account Desired *(check all that apply)*

❑ **Savings** *($50.00 minimum balance to open, $5.00 fee)* ❑ **Checking** ❑ **Certificate of Deposit**

❑ **Other** _____ ❑ **Other** _____

Ownership of Account

The ownership specified below will remain the same for all accounts listed

❑ **Individual** ❑ **Joint** *(With right of survivorship)*

❑ **Community Property** *(Husband and Wife)*

❑ **Totten Trust** or ❑ **Pay on Death**

Beneficiaries

Name	Date of Birth	Relationship

Primary Member *(Please print in ink)*

Name, Last _____ First _____ Middle Initial _____ SS# _____

Street Address *(residential)* _____ City _____ State _____ Zip _____

Mailing Address *(if different from above)* _____

Work Phone _____ Home Phone _____ Date of Birth _____

Employer _____ Length Of Employment _____ Birth Place _____

Driver's License # _____ Mother's Maiden Name _____ Email _____

Joint-Owner *Relationship to member ►* _____

Name, Last _____ First _____ Middle Initial _____ SS# _____

Street Address *(residential)* _____ City _____ State _____ Zip _____

Mailing Address *(if different from above)* _____

Work Phone _____ Home Phone _____ Date of Birth _____

Employer _____ Length Of Employment _____ Birth Place _____

Driver's License # _____ Mother's Maiden Name _____ Email _____

Joint-Owner *Relationship to member ►* _____

Name, Last _____ First _____ Middle Initial _____ SS# _____

Street Address *(residential)* _____ City _____ State _____ Zip _____

Mailing Address *(if different from above)* _____

Work Phone _____ Home Phone _____ Date of Birth _____

Employer _____ Length Of Employment _____ Birth Place _____

Driver's License # _____ Mother's Maiden Name _____ Email _____

MEMBERSHIP ELIGIBILITY

I am eligible for PPCU membership through my: *(check one)*

❑ **Employer** _____ ❑ **Family Member** _____

Authorization and Signatures

By signing below the undersigned agrees to the by-laws of Pacific Postal Credit Union and the applicable account terms and conditions, as amended from time to time; to pay membership or entrance fee; and authorize the credit union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certifies that the information provided on this agreement is true and accurate and that the terms on this agreement apply to all listed accounts. The undersigned also acknowledges receipt of our Truth in Savings disclosure explaining the terms and conditions applicable to all listed accounts.

Under penalty of perjury, I certify that (a) the taxpayer ID/social security number I have given on this application is correct, (b) I am a US person, including resident alien, and (c) either I have never been notified by the IRS that I am, or I have been notified by the IRS that I am no longer, subject to backup withholding due to under-reporting of dividends or interest. I understand the IRS does not require my consent to any term of any agreement with Pacific Postal Credit Union except the certifications required to avoid backup withholding. **If I am subject to backup withholding, this box is checked.** ❑

No transfer of voting rights or other membership privilege is permitted by virtue of transfer of shares.

Signature *(Primary Member)* _____ Date _____

Signature *(Joint-Owner)* _____ Date _____

Signature *(Joint-Owner)* _____ Date _____

For Credit Union use only:

Date opened _____ Opened by _____ I.D. Form _____ No. _____

ChexSystems verification:

❑ No record or _____

Membership officer _____ Date _____

Pacific Postal CREDIT UNION

For A Better Life

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