



Be rewarded when you refer a friend or family member!*

Refer or Join and Be Rewarded!

Now through April 30, 2020, when you become a member OR Refer a Member who joins, you'll BOTH receive **Two Cinemark Movie Tickets AND a \$25 Restaurant.com Gift Card!**

PLUS, new members will receive an additional **two Cinemark Movie Tickets and \$25 Restaurant.com Gift Card** for each of the following services they open within 60 days of joining:

- Secure Checking Account
- Vehicle Loan
- Personal Loan

Get started by having the person you are referring fill out a membership form and attach this completed coupon when they join. Membership forms are available at www.ppcu.org or at any branch. We will waive the \$5 membership fee.

Name of Person You Are Referring: _____

Your Name: _____ Member number _____

OFFER ENDS APRIL 30. BRING YOUR FRIENDS AND FAMILY TODAY!

*Offer valid March 1-April 30, 2020. Members who refer a new member and any new member who joins each receives 2 Cinemark Movie Tickets and a \$25 Restaurant.com Gift Card. The New member will receive an additional 2 Movie Tickets and \$25 Restaurant.com Gift Card for each product listed above that they open within 60 days of new membership account opening. The Movie Tickets and Gift Card will be issued within 60 days of the new member account or product account opening. Movie tickets can be used for any movie, anytime at Cinemark Theatre locations only and do not expire. Tickets are not valid for specially priced attractions. Additional fees apply to 3D and IMAX attractions. \$25 Restaurant.com Gift Card can be used at over 18,000 locations throughout the United States. Restaurant.com gift cards do not expire. Visit restaurant.com for more information on the restaurant gift card and the specific restaurant locations participating in this program. Eligible members include current, retired and contract employees of the USPS and Civil Service, and family members and roommates of these individuals living within the greater bay area. For a complete list of eligible members, visit www.ppcu.org. Not valid with any other offers.



800.696.6009 • www.ppcu.org

Federally insured by NCUA

1040 Leigh Avenue • San Jose, CA • 95126-4129



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 _____

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 _____



For A Better Life

(800) 696-6009 • www.ppcu.org