

Application for Membership

Account Type Individual Joint Minor

FOR OFFICE USE ONLY

Account # _____
 New Account Account Update

Primary Applicant

Name		SSN/TIN	
Date of Birth	Driver's Lic. #	State	Exp.
Home Address (no P.O. box)			
City		State	Zip
E-mail (Req. for online banking)			
Home Phone	Work Phone	Cell Phone	
Employer		Occupation	
Mother's Maiden Name			
Mailing Address (If different than above)			
City		State	Zip

Joint Applicant

Name		SSN/TIN	
Date of Birth	Driver's Lic. #	State	Exp.
Home Address (no P.O. box)			
City		State	Zip
E-mail (Req. for online banking)			
Home Phone	Work Phone	Cell Phone	
Employer		Occupation	
Mother's Maiden Name			
Mailing Address (If different than above)			
City		State	Zip

2nd Joint Applicant

Name		SSN/TIN	
Date of Birth	Driver's Lic. #	State	Exp.
Home Address (no P.O. box)			
City		State	Zip
E-mail (Req. for online banking)			
Home Phone	Work Phone	Cell Phone	
Employer		Occupation	
Mother's Maiden Name			
Mailing Address (If different than above)			
City		State	Zip

Membership Eligibility

Please indicate how you qualify to join Police FCU:

- Law Enforcement (active/retired/recruit/civilian employee)
Name of Agency: _____
- Immediate Family of a Police FCU Member
- Police FCU Employee

If sponsored, please fill in below:

Name of and Relationship to sponsor: _____

Accounts & Account Services—

Please select your preferred accounts & services below:

Accounts

Regular Savings (required)

Free Checking*

- I would like to order checks No checks required

Debit/ATM Card included* (please initial here if you do not wish to receive a debit/ATM card) _____

Line Of Credit (separate application required)

Backup Courtesy Pay

Must sign the opt-in form for Backup Courtesy Pay Overdraft Protection. Activated 30 days after account opening, see Backup Courtesy Pay form and schedule of fees for more information.

Direct Deposit (separate form required for payroll)

Police FCU Visa® Credit Card**

(separate application required)

Type of credit card desired:

- Police FCU Visa Classic® Police FCU Visa Gold®
 Police FCU Platinum Rewards Visa®

Auto Loan/Refinance

*Qualified accounts

**Credit approval required

Services & Conveniences

Convenience:

Free Online Banking with estatements — manage all of your Police FCU accounts 24/7 online via a secure, encrypted login.

This service requires your email address for your estatements.*

Your Email Address: _____

***estatemts** (automatic with online banking) — Your account statements are available to you 24/7 through your secure online banking access. Each month we will send you notification by e-mail when your statement is ready to be viewed. To view your statement, you must log on to online banking using your account number and account password. Please initial here if you wish to receive paper statements by mail instead of estatements. _____

Free Online Bill Pay

Free Audio Response — 24/7 banking by phone

How did you hear about Police FCU? _____

Payable on Death

If you would like to designate a beneficiary(ies), please complete the appropriate section(s). Any listed joint owner(s) will act as the primary beneficiary(ies). Any payable on death beneficiary(ies) will be named as a contingent beneficiary(ies). The account owner(s) reserve the right to change, or revoke, this designation at any time. In the event of your death, you, the undersigned, hereby designate the following beneficiary(ies).

Beneficiary 1	Date of Birth	Social Security Number
Street Address		
City	State	Zip
Beneficiary 2	Date of Birth	Social Security Number
Street Address		
City	State	Zip

Certification of Tax Payer Identification

I certify, in accordance with the IRSW-9 instructions provided by the Credit Union and under penalties of perjury, that: 1) the social security number (SSN) or tax identification number (TIN) shown on this form is my correct identification number, 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. person (including U.S. resident alien).

- I am not subject to backup withholding
 Exempt
 I am not a United States Citizen or resident (complete form W-8 BEN)

The IRS does not require your consent to any provision of this document other than certifications to avoid backup withholding.

Signatures

I/We hereby make application for membership in and agree to the Bylaws of, as amended, Police Federal Credit Union (the "Credit Union"). Under penalties of perjury, I certify that I am within the field of membership of the Credit Union; the information provided on this application is true and correct; and my signature on this form applies to all my accounts under my name at this Credit Union and constitutes a request for any identifying number and/or access device issued by the Credit Union in connection with such account. I authorize the Credit Union to obtain information necessary to verify my identity, including but not limited to obtaining a credit report about me.

Credit Report Authorization: By signing below you authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension, or collection of credit you receive.

For Account and/or Account Services: By signing below I agree to be bound to the terms and conditions of any account that I have with the Credit Union now and in the future and to any amendments to these documents that the Credit Union may make from time to time. I understand that the Credit Union has published an Electronic Funds Transfer Agreement and Disclosure, Membership Account Agreement and a Privacy Notice and Disclosure. I acknowledge that the account disclosures and Rate & Fee Schedules for Share Savings and Share Draft Accounts have been furnished to me by the Credit Union, and its terms are incorporated as part of this agreement. I/We further agree that if I/We use our Online Banking Service to enroll in Online Bill Pay, I/We are also fully responsible for all payments from the account and fees for this service. This agreement supersedes any previous account agreements.

Primary Member Signature

Date

Joint-Applicant Signature

Date

2nd Joint-Applicant Signature

Date

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Account # _____

Date of Membership ____ / ____ / ____

Opened by: _____

OFAC _____

Equifax/Chexsystems:

Primary _____ Joint _____

Membership agreement

Schedule of fees (mailed/handed to member)

Member privilege brochure, if applicable

Reviewed by: _____

Comments: _____
