

Welcome to Postal Federal Community Credit Union and thank you for the opportunity to serve you. You will find that the PFCCU staff are friendly, service-oriented, and knowledgeable. Let us help you with your financial needs. Joining is as easy as completing this card and returning it to PFCCU with at least a \$25 deposit to your Prime Share (savings) Account.

Account Type(s)

- Share/Savings
- Share Draft/Checking
- Sub-Account
- Other _____
- Money Market Savings
- Christmas Club
- Other _____

Name (Please Print)		Date of Birth	Account Number
Home Address		City/State/Zip Code	
Soc. Sec. No. or Tax Ident. No.	Mother's Maiden Name	Driver's License	
Employer		Department or Occupation	
Home Phone	Business Phone	Email Address	

I am eligible to join the credit union based upon: (Please check one.)

- Employer or Association: (Specify) _____
- Family Member: (Specify) _____
- Geographic: (Specify County where you live or work) _____

Account Services

- Payroll Deduction/Direct Deposit (if available)
- Overdraft Protection (Choose the transfer priority you prefer)
 - Transfer from Primary Share only
 - Transfer from Primary Shares, then line of credit
 - Transfer from line of credit, then Primary Shares
 - Other _____

24-hour toll-free account telephone access is available through the E.T. audio response system and through participating ATMs.

- Please assign my E.T. Access Code
- Please issue me an ATM card.
- Also issue an ATM card for my joint owner. Joint Owner Name: _____
- Please issue me a Debit card.
- Also issue a Debit card for my joint owner. Joint Owner Name: _____
- Other _____



1983 E. Seminole • Springfield, MO 65804
(417) 887-1983 • 1-800-864-5301

Name:

Account #:

Signature:



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FOR CREDIT UNION USE ONLY		
Acct. Opened By _____	PIN Request _____	Credit Report _____
Open Date _____	Member Verification _____	Check Verify _____
Access Card _____	Approved By _____	

Instructions for Completing the Account Card

Account Types

- 1. Indicate the types of accounts you wish to open at this time by checking the appropriate boxes.
2. Write or type your information in the spaces provided.
3. Indicate how you are eligible to join Postal Federal Community Credit Union.

Account Services

- 1. A variety of services are available to give you greater accessibility to your accounts. Choose the services you want.



This is your Postal Federal Community Credit Union Member Identification Card. Keeping this card with you will ensure that you will always have your PFCCU account number when you need it.

PFCCU membership gives you the "key" to the credit union, meaning that you can now take advantage of all the financial products and services such as vehicle loans, free checking, CDs, IRAs, Home Equity Credit Lines, and more.

Visit our web site at www.postalfed.org.

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Taxpayer I.D. Number Certification

- 1. Read the paragraph, and if appropriate, follow the certification instructions.

Authorization

- 1. You and all of your joint owners must sign in the spaces provided.

Account Ownership

- 1. Indicate the type of account ownership you want.
2. Complete the information about your joint owner(s).

Account Beneficiary(ies)

- 1. Indicate if you wish to have a Payable on Death account.

Account Ownership

Designate the ownership of the accounts and responsibility for the services requested.

- Individual
Joint Tenants with Rights of Survivorship
Trust (Trust Documents Required)

Joint Member(s) Information

Table with 2 columns and 6 rows for joint member information including Name, Soc. Sec. No., Home Address, City/State/Zip Code, Home Phone, and Date of Birth.

Account Designation

- Payable on Death (POD)/Trust Account

(This Payable on Death designation applies to the accounts and sub-accounts under this member account number. The POD designation also applies to Credit Union Savings Life Insurance under this member account number unless otherwise designated.)

Beneficiary's(ies) Name and Address

Table with 2 columns and 3 rows for beneficiary information including Name, Home Address, and City/State/Zip Code.

UTTMA/UGMA (as custodian for _____ (minor) under the Missouri Transfers to Minors Law) Minor's TIN/SSN _____
Agency, Name of Agent _____

- All Accounts
Designate Specific Account(s)
Personal Custodian Account (as custodian for _____)

TIN Certification and Backup Withholding Information. Under penalties of perjury, by my signature below I certify (1) that the number provided on this card is my correct taxpayer identification number, and (2) that I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding.

Certification Instructions. You must cross through item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

X _____ Signature _____ Date

Authorization. (ALL ACCOUNT OWNERS MUST SIGN)

(1) By signing below, I/we agree to all terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Available Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. In addition to any other consent, I/we authorize the credit union to check my account, credit, and employment history and obtain a credit report from third parties, including credit-reporting agencies to verify my eligibility for accounts and services. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. 2) A fee of \$10 will be assessed to members closing their primary share account within 90 days of opening it. A fee of \$10 will be assessed to members re-opening a primary share account within 80 days of closing it.

X _____ Signature _____ Date X _____ Signature _____ Date

X _____ Signature _____ Date X _____ Signature _____ Date