

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____ **Member No.** _____

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

Individual Joint Account with Survivorship

Street _____	SSN/TIN _____
City/State/Zip _____	Date of Birth _____
Home Phone _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Mother's Maiden Name _____
Driver's License _____	Employer _____
Eligibility _____	Street _____
E-mail _____	City/State/Zip _____
	Work Phone _____

I agree to receive electronic notification that my statement is ready for viewing and downloading. When I provide my email address, I will then receive a welcome to PFCU's *eStatement* delivered via email.

ACCOUNT OWNERSHIP

Joint Owner _____	SSN/TIN _____
Street _____	ID _____
City/State/Zip _____	Date of Birth _____
Home Phone _____	Mother's Maiden Name _____
E-mail _____	Work Phone _____
Employer _____	

Joint Owner _____	SSN/TIN _____
Street _____	ID _____
City/State/Zip _____	Date of Birth _____
Home Phone _____	Mother's Maiden Name _____
E-mail _____	Work Phone _____
Employer _____	

ACCOUNT DESIGNATIONS

Trust Account (Payable on Death)

Beneficiary _____	Beneficiary _____
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____
SSN/TIN _____	SSN/TIN _____
Date of Birth _____	Date of Birth _____

Trust Account (Trustee)

Payee _____	Payee _____
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____
SSN/TIN _____	SSN/TIN _____
Date of Birth _____	Date of Birth _____

POA (Power of Attorney - Documents must be submitted)

Print Name _____
 Signature _____ (date) _____

Palisades Federal Credit Union Account Card (cont.)

Member/Owner _____

Member No. _____

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Suffix*		Suffix*	
<input type="checkbox"/> Savings _____	<input type="checkbox"/> Holiday _____	<input type="checkbox"/> Money Market _____	<input type="checkbox"/> Vacation _____
<input type="checkbox"/> Special Savings _____	<input type="checkbox"/> IRA _____		
<input type="checkbox"/> Checking _____			
<input type="checkbox"/> Term Certificate _____			

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number.

ACCOUNT SERVICES

<input type="checkbox"/> Overdraft Protection (indicate transfer priority below) _____	<input type="checkbox"/> VISA Debit Card
<input type="checkbox"/> PC Access/Online Banking _____	<input type="checkbox"/> TAP/Audio Response
<input type="checkbox"/> Payroll Deduction/Direct Deposit	
<input type="checkbox"/> Other _____	

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer 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 a U.S. resident alien).

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. 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. By providing my e-mail address, I agree to receive e-mails from PFCU regarding the advertising of PFCU's products and services and special events. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Witness

X _____
Notary

Signed and sworn before me this _____ day _____ of _____ month _____, _____ year

FOR CREDIT UNION USE ONLY

Date of Membership: _____	Opened/App'd by: _____	Member Verification: _____
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Sys Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Copy of ID _____		

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PIN # _____

Member Name _____