



**SECTION 4- JOINT OWNER(S) DESIGNATION**

POPA Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business on this account. The joint owners hereby agree with each other and with the Credit Union that all sums now paid in on shares or heretofore or hereafter paid in on shares by any or all of said joint owners to their as such joint owners with all accumulations thereon are and shall be owned by them jointly with right of survivorship without regard to any party's net contribution and be subject to the withdrawal or receipt by any of them and payment to any of them or the survivors shall be valid and discharge the Credit Union from any liability for such payment. Shares in this account may be pledged as collateral for a loan only at this Credit Union by any or all said joint owners as long as joint owner is a member in his/her own right. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them, except by written notice to said Credit Union which shall not affect transactions theretofore made.

Please designate the Joint Owner(s) below on the following accounts:

- REGULAR SHARES ID: \_\_\_\_\_  SUB-SHARES ID: \_\_\_\_\_  SHARE CERTIFICATE ID: \_\_\_\_\_  HOLIDAY CLUB ID: \_\_\_\_\_
- SCOTTY SAVERS ID: \_\_\_\_\_  SHARE DRAFT/CHECKING ID: \_\_\_\_\_

**JOINT OWNER# 1**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# or Tax ID: \_\_\_\_\_  
(Last, First, Middle Initial)

Home Address: \_\_\_\_\_  
(No P.O. Boxes allowed) City State Zip

Mailing Address: \_\_\_\_\_  
(If different than above) City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Driver's License or State-Issued ID # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Secondary ID: \_\_\_\_\_ Issued By: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Questions:

Mother's Maiden Name: \_\_\_\_\_ Password: \_\_\_\_\_

Select a Question: \_\_\_\_\_ Answer: \_\_\_\_\_

**JOINT OWNER # 2**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# or Tax ID: \_\_\_\_\_  
(Last, First, Middle Initial)

Home Address: \_\_\_\_\_  
(No P.O. Boxes allowed) City State Zip

Mailing Address: \_\_\_\_\_  
(If different than above) City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Driver's License or State-Issued ID # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Secondary ID: \_\_\_\_\_ Issued By: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Questions:

Mother's Maiden Name: \_\_\_\_\_ Password: \_\_\_\_\_

Select a Question: \_\_\_\_\_ Answer: \_\_\_\_\_

**SECTION 5- SIGNATURE(S)**

I hereby make application for membership in and agree to conform to the by-laws (as amended) of POPA FEDERAL CREDIT UNION. I understand that if the information I have provided cannot be verified and/or is invalid, my membership/account ownership eligibility may be terminated/denied by the Credit Union. I acknowledge and agree that the signatures on this form control the ownership of other accounts classified as "sub accounts". I acknowledge that I have received a copy of the Credit Union's Truth-in-Savings Disclosure, Electronic Services Disclosure and Agreement, and that I have received a copy of the current Rate and Fee Schedule. All the terms, conditions and information contained in the disclosure and any amendments thereto ("Application") are by this reference incorporate in their entirety into this membership application and account agreement (application). I authorize the Credit Union to contact and inquire my references, my spouse, my employer(s), ( past, present, and future) and to obtain credit reports in connection with this account and any future services provided by the Credit Union as permitted by law. I authorize the Credit Union to furnish information concerning my account and payment history with POPA FCU to credit reporting agencies. I authorize the Credit Union to pay any overdraft items and any fees for Credit Union services from funds subsequently deposited into my account. I agree to the terms and conditions of the Disclosures and Application. I understand that the Credit Union may verify all information I have given on the Application.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

- ID Verification  ChexSystems  Membership Eligibility Confirmation \_\_\_\_\_  Supervisor's Initials, if necessary \_\_\_\_\_
- OFAC Verification Completed (for all parties) :  No Match- all parties  Possible Match – see attached
- Disclosures Provided:  TISA Disclosure  Rate Sheet  Schedule of Fees  Privacy Policy  CA Opt-Out notice  EFT Disclosure
- Scanned/Verified:  Member 1<sup>st</sup> and 2<sup>nd</sup> form of ID \_\_\_\_\_  Joint #1 1<sup>st</sup> and 2<sup>nd</sup> form of ID \_\_\_\_\_  Joint #2 1<sup>st</sup> and 2<sup>nd</sup> form of ID \_\_\_\_\_
- Accounts opened: \_\_\_\_\_ (share ID's) Teller # \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_
- Member's other account #s: \_\_\_\_\_ Reason for opening new acct: \_\_\_\_\_ Supv. Review Initials: \_\_\_\_\_

**MEMBERSHIP OFFICER REVIEW AND APPROVAL**

X Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Account Risk Level: \_\_\_\_\_  
POPA FCU Membership Officer

Comments: \_\_\_\_\_