



## Membership Application

<b>Check one:</b>	Member #: _____
<input type="checkbox"/> New Member	<input type="checkbox"/> Add Joint Owner
<input type="checkbox"/> New Account	<input type="checkbox"/> Change Beneficiary

### Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

*What this means for you:* When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Primary Account Holder Information			
Last Name	First Name	Middle	Social Security #
Home Address	City	State	ZIP Code
Mailing Address (if different than above)	City	State	ZIP Code
Home Phone #	Cell Phone #	Work/Day Phone #	Date of Birth
Driver's License #	Issuing State	Email Address	
Employer	Occupation	Mother's Maiden Name	

Membership Eligibility	
<input type="checkbox"/> Family member of an existing member:	Member name:
<input type="checkbox"/> Employee of PG&E Corporation/Subsidiary:	Name of company:
<input type="checkbox"/> Employee of Sponsoring Company/Organization:	Name of company:
<input type="checkbox"/> Live, work, attend school or worship in:	Name of County:
If you were referred by an existing member, provide their name:	Name of member:

New Accounts and Service Options: <i>I am applying for:</i>		
<input type="checkbox"/> Relationship Checking and Visa Debit Card	<input type="checkbox"/> Plu\$ Checking and Visa Debit Card	<input type="checkbox"/> Secondary savings
<input type="checkbox"/> Free Checking and Visa Debit Card	<input type="checkbox"/> Visa debit card for my joint owner	<input type="checkbox"/> Money market
<input type="checkbox"/> FirstStep Checking and Visa Debit Card	<input type="checkbox"/> ATM card or ATM for my joint owner	<input type="checkbox"/> Certificate (call for details)
Optional Overdraft Protection:	<input type="checkbox"/> I want overdraft protection in the following order: Savings ____ Money Market ____ Visa ____	

Joint Owner Information – <i>Joint ownership will apply to all selected accounts:</i> <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money market <input type="checkbox"/> Certificate			
Last Name	First Name	Middle	Social Security #
Home Address	City	State	ZIP Code
Home Phone #	Cell Phone #	Work/Day Phone #	Date of Birth
Driver's License #	Issuing State	Mother's Maiden Name	
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Beneficiary Information – <i>Pay on Death provision. In the event of my/our death, I/we hereby designate the following payees:</i>					
First Payee:	Last Name	First Name	Middle	Date of Birth	% Share
Second Payee:	Last Name	First Name	Middle	Date of Birth	% Share
Third Payee:	Last Name	First Name	Middle	Date of Birth	% Share

**Please read and sign the reverse**

## Important Disclosures

If you are not currently a member, you hereby make application for membership in Pacific Service Credit Union. Each applicant for membership certifies that he or she is within the credit union's field of membership. Applicants for ATM or debit cards must be at least 18 years old.

## Account Terms and Conditions

You agree to conform to our bylaws as well as all applicable terms and conditions set forth in the Account Agreement and Truth-in-Savings Disclosure and the Electronic Funds Transfer Disclosure and Agreement (if applicable), receipt of both of which is hereby acknowledged and which are incorporated by this reference. You understand and agree that this Signature Card shall govern all accounts ("Accounts") opened under the account number set forth above.

## Credit Report

You authorize us to gather whatever credit, checking account, and employment information we consider appropriate from time to time. You understand that this will assist us, for example, in determining your initial and ongoing eligibility for our Accounts and/or in connection with making future credit opportunities available to you. You authorize us to give information concerning our credit experience with you to others. You agree that we may retain this Signature Card as well as all other information we receive.

## Continuing Authorization

This is a continuing authorization to open future deposit accounts and related products for me on my verbal request and deposit of funds as long as ownership of future accounts is the same as my savings account.

## Consent to Contact by Telephone

By signing below, you agree that the Credit Union may from time to time make calls and/or send text messages to you at any telephone number(s) provided, including mobile telephone numbers that could result in data usage and charges to you. This is so that the credit union can service and keep you informed about your Account(s), collect any amounts you owe the credit union, and/or provide fraud, security breach, or identity theft alerts. You also agree that you may be contacted by our service providers making such calls on our behalf. The manner in which these calls or text messages may be made to you include, but are not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems. You understand that you are not required to provide consent as a condition to receiving the credit union's products or services. You may change the telephone number provided at any time by contacting the credit union at (888) 858-6878.

## Certification of Taxpayer Identification Number

By signing below, I certify, under the penalties of perjury, that:

1. The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), **and**
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 or dividends on your tax return.

## Signatures

Member Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

## For Office Use Only:

Identification verified by: Branch \_\_\_\_\_ Teller ID \_\_\_\_\_ Date \_\_\_\_\_ Share ID \_\_\_\_\_ ChexSystems \_\_\_\_\_