

Membership Application

In order for us to process your membership you will need to complete the Membership Application in full. Remember to check off any of the services that you would like to be enrolled in and the information will be sent to you with your new account packet. A **\$5 minimum deposit** is required into a Share Savings Account. You will need to provide the credit union with a signed valid photocopy of your driver's license or picture ID to open any new account. If you have any questions regarding this application or membership please call us at 412-642-2875.

Account Type Desired (check all that you are applying for)

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 and account owners as indicated unless the credit union is notified in writing of a change.

- Individual
 Joint Account
 Add/Remove Joint Owner
 Name Change
 Change of Address
 Other: _____
 Payable upon Death (POD)
 All Accounts or Designate specific account suffixes: _____

Beneficiary/POD Payee: _____

Beneficiary/POD Payee: _____

Relationship: _____

Relationship: _____

- Share/Savings (Required)
 Vacation Club
 Youth Account (Minor)
 Share Certificate
 IRA
 Direct Deposit
 Secondary Share Savings
 Christmas Club
 Money Market Share Savings
 Internet Banking & Audio Response (24/7 Phone Teller)
 Checking (Type): _____ *The first set of checks are free and will be ordered according to your membership application.

Application and Ownership Information

Primary Member: _____ SSN/TIN: _____ Date of Birth: _____

Physical Address:

Street: _____ City/State/ Zip: _____

Mailing Address: (if different from above)

Street: _____ City/State/Zip: _____

Home Phone: _____ Length of Residency: Years _____ Months _____ Own/Rent _____

Employer's Name: _____ Occupation: _____ Work Phone: _____

Employer's Address: _____ City/State/Zip: _____

Mothers Maiden Name: _____ Email Address: _____

U.S. Citizen: Yes _____ No _____ Resident Alien _____ Non Resident Alien _____

Joint Owner: _____ SSN/TIN: _____ Date of Birth: _____

Is Joint Owner to be listed on all accounts: Yes _____ No _____ If no, please list specific suffixes : _____

Street: _____ City/State/Zip: _____

Home Phone: _____ Length of Residency: Years _____ Months _____ Own/Rent _____

Employer's Name: _____ Occupation: _____ Work Phone: _____

Employer's Address: _____ City/State/Zip: _____

U.S. Citizen: Yes _____ No _____ Resident Alien _____ Non Resident Alien _____

Debit Card Application

By signing below, I am authorizing you to submit this for the purpose of obtaining an ATM or Debit Card. If approved for the ATM or Debit Card, you acknowledge receipt of and agree to the terms of the ATM or Debit Card Agreement. ATM or Debit Cards not available for Youth Accounts.

- ATM Card
 Debit Card
 Accept
 Decline
 Signature: _____
 ATM Card
 Debit Card
 Accept
 Decline
 Signature: _____

Authorization

By signing below I/we certify that the information on this application is complete, true, and 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, Debit Card Agreement, 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. **The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.** 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.

Applicant Signature _____ Date _____ Joint Applicant _____ Date _____

For Credit Union Use Only		Open Date/Teller #	Elig Verif:		
Share Account #	Primary Documentary or Non-documentary	FICO #	OFAC <input type="checkbox"/> Yes	Check Sys Record: <input type="checkbox"/> N or <input type="checkbox"/> Yes	
Share Draft Account #	J/O Documentary or Non-documentary	FICO #	OFAC <input type="checkbox"/> Yes	Check Sys Record: <input type="checkbox"/> N or <input type="checkbox"/> Yes	