



Membership Application and Signature Card

Account #

- New
 Updated*
 Joint Owner
 Beneficiary
 Name

*Replaces documents prior to this date.

Important Information about 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 will also request to see your driver's license or other identifying documents.

SECTION 1: Account and Membership Eligibility Information

Account Ownership Type:
 Individual
 Joint with right of survivorship
 Organizational
 DBA
 Membership Eligibility:
 Family Member
 Employer _____
 Sunshine Saver
 Reside, work, worship, attend school or regularly do business in zip code area _____

SECTION 2: Member/Owner Accountholder Information

First Name & Middle Initial		Last Name		SSN/TIN	
Date of Birth		Mother's Maiden Name		US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ID Type		ID #		ID Issuing State	ID Issue Date
Physical Street Address (No PO Boxes)		City		State & Zip Code	
Mailing Address (if different from Street Address)		City		State & Zip Code	
Home Phone		Work Phone & Ext		Cell Phone	
Employer		Position		How Long?	
Home Email Address		Work Email Address			

SECTION 3: Joint Owner Information

First Name & Middle Initial		Last Name		SSN/TIN	
Date of Birth		Mother's Maiden Name		US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ID Type		ID #		ID Issuing State	ID Issue Date
Physical Street Address (No PO Boxes)		City		State & Zip Code	
Mailing Address (if different from Street Address)		City		State & Zip Code	
Home Phone		Work Phone & Ext		Cell Phone	
Employer		Position		How Long?	
Home Email Address		Work Email Address			

Joint Owner Information

First Name & Middle Initial		Last Name		SSN/TIN	
Date of Birth		Mother's Maiden Name		US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ID Type		ID #		ID Issuing State	ID Issue Date
Physical Street Address (No PO Boxes)		City		State & Zip Code	
Mailing Address (if different from Street Address)		City		State & Zip Code	
Home Phone		Work Phone & Ext		Cell Phone	
Home Email Address		Work Email Address			
Employer		Position		How Long?	



SECURITY TRACKING SETUP FORM

Membership Account # _____

Form Completion Date _____ By Op# _____

Symitar Setup Date _____ By Op# _____

Primary Accountholder Information

Member Name _____

Father's Middle Name _____

High School Attended _____

Pet's Name _____

Member Signature _____

Date Signed _____

Joint Accountholder #1 Information

Member Name _____

Father's Middle Name _____

High School Attended _____

Pet's Name _____

Joint Accountholder Signature _____

Date Signed _____

Joint Accountholder #2 Information

Member Name _____

Father's Middle Name _____

High School Attended _____

Pet's Name _____

Joint Accountholder Signature _____

Date Signed _____

Joint Accountholder #3 Information

Member Name _____

Father's Middle Name _____

High School Attended _____

Pet's Name _____

Joint Accountholder Signature _____

Date Signed _____



ATM or Debit Card Request Form

Membership Account # _____

Notice to Member: A fee will be assessed for a replacement card unless worn from normal use or if card must be replaced due to fraud. Attach worn card or police report to avoid the fee. Please refer to our Fee Schedule for details.

Card Information

Request for ATM Card

Debit Card

Reason for Card Issue New Card Replacement Card Stolen Card PIN Only

Card Number _____

Offset Number _____ Date _____

Member Information

Member Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Member Signature _____ Date _____

For Pinellas Federal Credit Union Use Only

Symitar Date Changed _____ Employee _____ Branch _____ Teller # _____

Symitar Date Changed _____ Employee _____ Branch _____ Teller # _____



Member Account #: _____
Member Name: _____

Member Overdraft Privilege Opt-in/Opt-out Form

What You Need to Know about Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. Pinellas Federal Credit Union (“the Credit Union”) has standard overdraft practices called: Member Overdraft Privilege (account must have been opened at least 90 days and in good standing).
2. The Credit Union also offers overdraft protection that links to another account or share, such as savings, and may be less expensive than Member Overdraft Privilege. To learn more, please ask a Credit Union representative.

This notice explains our standard overdraft practices.

■ **What are the standard overdraft practices that come with my account?**

- We **do** authorize and pay overdrafts for the following types of transactions:
 - Checks and other transactions made using your checking account number.
 - Automatic bill payments (recurring authorized debits)
- We **do not** authorize and pay overdrafts for the following types of transactions unless you ask us to (see below).
 - ATM transactions
 - Everyday debit card transactions
- We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined. **Please note:** *You must bring your account back to a positive balance within thirty (30) calendar days of the negative condition. The Credit Union reserves the right to remove Member Overdraft Privilege from an account at any time the account is not in good standing.*

■ **What fees will I be charged if the Credit Union pays my overdraft?**

- Under our standard overdraft practices, we will charge you a fee of \$32 each time we pay an overdraft. However, The Credit Union will only cover the item(s) up to \$500 by bringing your checking account balance negative.
- There is no limit on the total fees we can charge you for overdrawing your account.

■ **What if I want the Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?**

You must “opt-in” by signing the form below. You may “opt-in” or “opt-out” at any time by: [1] calling a Member Service Representative at (727) 586-4422 or [2] visiting your nearest Credit Union branch.

Please select one of the options below, and sign and date this form. This form is valid upon execution by either of the accountholders on the account. The Credit Union will follow the most recently-dated form.

I **DO NOT** want The Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

I **DO** want The Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

I understand I may revoke this option at any time by calling a Member Service Representative at (727) 586-4422 or by visiting a Credit Union branch. I acknowledge receipt of this confirmation, which was provided to me (initial one):
 _____ in person or _____ by mail.

Member Signature

Date

CREDIT UNION USE ONLY	
Credit Union staff provided a copy of this form to the member, in person or by mail, on: Date _____	Staff Initials _____