



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? | |



Membership Application and Signature Card

Account # _____

Last Name

First Name MI _____

SECTION 4: Election of Account Types and Services

All of the terms, conditions form(s) of account ownership, account selection and other information indicated in this Membership Application and Account Agreement apply to all of the accounts and services listed unless the Credit Union is notified in writing on forms acceptable to the Credit Union.

- ▶ SAVINGS: Requires one-time non-refundable membership application fee and minimum deposit. Please see Fee Schedule for details.
- | | | | | | |
|--|---|---|--|---------------------------------------|--|
| <input type="checkbox"/> Checking ¹ | <input type="checkbox"/> EZ Saver Savings | <input type="checkbox"/> Certificate Account/s ² | <input type="checkbox"/> ATM Card ¹ | <input type="checkbox"/> Home Banking | <input type="checkbox"/> Direct Deposit ² |
| <input type="checkbox"/> My Ca\$h Savings | <input type="checkbox"/> Club Savings | <input type="checkbox"/> Other ¹ _____ | <input type="checkbox"/> Debit Card ¹ | <input type="checkbox"/> E-Statements | <input type="checkbox"/> Online ¹ Bill Pay ³ |
- ¹Requirements must be met.
 ²Separate application and disclosure applies.
 ³Additional fees may apply

SECTION 5: Overdraft Protection

You may protect against overdrafts by authorizing, in any order, an automatic transfer of funds from any share account on which you are a signer. Electronic funds transfers from a savings or other depository account are limited to six (6) per account, per month. Overdraft protection would not exceed the amount in shares, less any minimum balance requirement, and would be transferred in only the amount needed, which includes an overdraft protection fee for each automatic transfer. Please see Fee Schedule for current fees. Please initial options, below.

- I want overdraft protection transfers to take place in the following order:
- Acct/Type: _____
 Acct/Type: _____
 Acct/Type: _____
 Acct/Type: _____
- I waive my right to overdraft protection on this account. (please initial) _____

SECTION 6: Beneficiary Information

Upon death of an accountholder, all funds in the account(s) shall belong to the surviving accountholder(s). In the event that all accountholder(s) die at the same time, all funds in the account(s) shall be paid to the beneficiary or beneficiaries named here. If there is no joint accountholder(s) on the account(s), upon the death of the sole accountholder, all funds in the account shall be paid to the beneficiary or beneficiaries named here.

- Beneficiary at Account Level
 Beneficiary at Share Level

| Payee #1: First Name, Middle Initial & Last Name | SSN/TIN | Date of Birth | Relationship | Percentage |
|--|---------|---------------|--------------|------------|
| Payee #2: First Name, Middle Initial & Last Name | SSN/TIN | Date of Birth | Relationship | Percentage |
| Payee #3: First Name, Middle Initial & Last Name | SSN/TIN | Date of Birth | Relationship | Percentage |

- I waive my right to include a beneficiary on this account. (please initial) _____

SECTION 7: Authorization and Signatures

▶ **Credit Report Authorization:** By signing below, I/we authorize the Credit Union to check employment, credit and banking history through ChexSystems, and to obtain credit reports in connection with any request for membership or account service. Upon request, the Credit Union will provide the name and address of any credit bureau from which it received a credit report, relying on information I/we have provided. By signing below I/we affirm that all information herein or that I/we have provided elsewhere is correct.

▶ **Account Agreement/Authorization of Accounts and/or Services:** I/we hereby apply for membership with Pinellas Federal Credit Union with a \$5.00 one-time nonrefundable application fee and a \$5.00 deposit to a Savings account. By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Important Account Information (Truth in Savings) Disclosure, Funds Availability Policy Disclosure, Electronic Funds Transfers Agreement and Disclosure, and Privacy Notice, and to any amendments to these documents that the Credit Union may make from time to time. I/we understand this Membership Application and Signature Card will govern ownership for all accounts established under this membership number unless other ownership is specifically stated in writing on forms acceptable to the Credit Union. I/we further acknowledge receipt of a copy of agreements and disclosures applicable to the accounts and services requested.

SECTION 8: Certification of Taxpayer Identification Number

▶ **Certification of Taxpayer Identification Number:** Upon penalty of perjury I/we certify that: (1) The SSN/TIN shown on this form is the correct taxpayer identification number/s; (2) I/we am not subject to backup withholding because: (a) I/we am exempt from backup withholding; or (b) I/we have not been notified by the Internal Revenue Service (IRS) that I/we am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me/us that I/we am no longer subject to backup withholding; and (3) I/we am a US citizen, resident alien or other US person. If I/we am not a US citizen or resident alien and reside in another country, I/we must complete Form W-8BEN for tax purposes. Note: Strike out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding.

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 | X _____ Date |
| X _____ Signature | X _____ Date |
| X _____ Signature | X _____ Date |

Credit Union Use Only:
 Application processed/MIP requirements completed by: _____
Operator # Date



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 # _____



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. We have **standard overdraft practices** that come with your account.
2. We also offer an **overdraft transfer service** that may be less costly than our standard overdraft practices. To learn more, ask us about these plans.

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

We **will not** authorize and pay overdrafts for the following types of transactions without your consent.

- 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**.

➤ **What fees will I be charged if Pinellas Federal Credit Union pays my overdraft?**

Under our standard overdraft practices:

- We will charge you a fee of up to **\$34** each time we pay an overdraft.
- **There is no limit per day on the total fees we can charge you for overdrawing your account.**

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

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions, call Member Services at 727.586.4422, complete this consent form online at www.pinellasfcu.org, present this completed form at any branch, email membersrv@pinellasfcu.org or mail this completed form to: Pinellas Federal Credit Union, Attn: Member Services, P.O. Box 2300, Largo, FL 33779-2300.

You can revoke your authorization at any time by any of the above methods. Your revocation must include your name and your account number so we can properly identify your account.

Please select an option and then sign and date below:

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

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

Member Signature

Date

Printed Name

Account Number