



# Membership Application

New Member

**Interested in:**  Savings  Checking  Money Market  CD  Loan  Mortgage  Credit Card  IRA  E-statements  Checks  Debit Card

**I currently have:**  Mortgage  Auto Loan  Credit Card  Other Loan

## PERSONAL INFORMATION

Account Number		If you are a new member, an account number will be assigned to you.	
Last Name, First Name, Middle Initial / Business Name		SSN/TIN	Date of Birth
Home Phone ( )	Cell Phone ( )	E-mail Address <input type="checkbox"/> Select to opt-out e-statements	
Address (Street, City, State, Zip)		Street Address (if different)	County Country
Employer	Business Phone ( )	Driver's License/ID	State
Purpose of Account: <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Other _____		<input type="checkbox"/> Select to opt-in to Text Banking	Current Checking Account
Mother's Maiden Name _____		Beneficiary Name _____	Referred By: _____

## JOINT OWNER

Last Name	First Name	Middle Initial	SSN/TIN	Date of Birth
Home Phone	Cell Phone ( )	E-mail Address		Driver's License/ID State
Address (Street, City, State, Zip)			County	Joint Debit Card Y/N
Employer	Business Phone	For additional joint owner(s), please attach a sheet with the requested information & signatures.		

## CONVENIENCE SERVICES INCLUDED WITH YOUR MEMBERSHIP (Subject to eligibility. Terms and conditions apply. Contact us for details.)

- Free Mobile App and Mobile Check Deposit
- Free e-Statements
- Free Home Banking, Check Imaging & Bill Pay
- Free secure personal document shredding
- Secure texting platform. Text questions, request appointments, receive promotional & branch notices
- Trust you can count on from a non-profit that supports the community
- Overdraft Protection to link your checking to a savings account

## To complete application, sign and provide ID & address requirements.

All signers acknowledge, authorize and certify:

1. Membership restricted to 11 counties of Boone, Calhoun, Franklin, Greene, Hamilton, Hardin, Humboldt, Pocahontas, Story, Webster and Wright.
2. I will maintain \$25 balance as my share of being an owner.
3. Receipt and agreement of Membership Terms & Conditions & Truth In Savings disclosure.
4. Peoples Credit Union to obtain a consumer credit report and verify my bank accounts to evaluate my credit worthiness.
5. Subscription to Bill Payer Service; authorization for Peoples Credit Union and its agents to process payments to merchants pursuant to payment instructions as account balances allow.
6. I certify under penalties of perjury, (1) the number shown on this form is my correct taxpayer identification number and (2) I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (3) I am a U.S. citizen (including a U.S. Resident Alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
7. Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account, including joint owners and authorized signers. **What this means for you:** When you open an account, we will ask you for your name, street 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. It may be necessary for Peoples to restrict account access or delay the approval of loans pending further verification.
8. I understand E-Statements are optional, can be removed by notifying PCU staff at any time, and require Internet and PDF capabilities.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE ONLY:

Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint	Statement: <input type="checkbox"/> E <input type="checkbox"/> P	S9 Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Initials	Date:
<input type="checkbox"/> Wants Checks <input type="checkbox"/> Wants Debit Card <input type="checkbox"/> OFAC	ODP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Referral:	S-types:	
<input type="checkbox"/> Checks Ordered <input type="checkbox"/> Debit Card Ordered	Non-standard qualification reason: _____			

Bring to any branch office or mail to; Peoples Credit Union, 310 1st Street, Webster City, IA 50595

