



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 for 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 _____		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 Check Deposit
- Free e-Statements
- Free Home Banking, Check Imaging & Bill Pay
- Free Voice Banking – 1-877- 478-3663
- Access to lower loan rates and higher deposit rates than area banks
- 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				

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





FOR OFFICE USE ONLY

Check Header (list only if different from account name)

Line 1 _____

Line 2 _____

Line 3 _____

Additional Information _____

Company: Main Street CFL

Starting #: _____

of Boxes: 1 2 4

Check Style: _____

Format: Single Duplicate