POWER FINANCIAL CREDIT UNION
2020 NW 150th Avenue
Pembroke Pines, FL 33028
(954) 538-4400, (305) 258-1000 or (800) 548-5465
This credit union is federally insured by
the National Credit Union Administration.

MEMBERSHIP APPLICATION / AGREEMENT

Member #: _____

❒ **New Account** ❒ **Change to Existing Account**

IMPORTANT NEW ACCOUNT OPENING INFORMATION: Federal law requires all Financial Institutions to obtain, verify and record sufficient information to verify each person's identity. You may be asked several questions and we will ask you to provide forms of identification.

ACCOUNT OPENING REQUIREMENTS: Minimum initial deposit of $5.00 for membership & $20.00 for checking. Two valid ID's for all owners/signers of the account: Copy of drivers License, Passport, Alien ID, Employer ID, or copy of most recent paycheck stub.

ELIGIBLE FOR MEMBERSHIP THROUGH: ❒ Employer ❒ Existing Member ❒ Family Member ❒ Community/Zip Code _____

SERVICES REQUESTED: ❒ Checking ❒ Checks ❒ VISA Debit/Check Card ❒ ATM Card ❒ Bill Pay ❒ Online Banking /eStatements
❒ Share to Share Overdraft Protection ❒ LOC Overdraft Protection _____ ❒ Other _____

Amount of First Deposit: $ _____ **Source of Initial Funds:** ❒ **Cash** ❒ **Checks** ❒ **Transfer**

Anticipated Transactions / Deposits: Cash _____ Checks _____ Electronic Transactions _____ Wire Transfers _____

Anticipated Transactions / Withdrawals: Cash _____ Checks _____ Electronic Transactions _____ Wire Transfers _____

Expected Activity	Credits / Deposits	Debits / Withdrawals
Number of Monthly Items		
Total Monthly Dollars	$	$
High Value per Item	$	$

Primary Owner:

First Name: _____
Last Name: _____
Address: _____
City: _____ State: _____
Zip: _____ DOB: _____
Mother's maiden name: _____
Home #: _____
Work #: _____
Cell #: _____
SS #: _____
Employer: _____
Position: _____
E-mail: _____

Joint Owner:

First Name: _____
Last Name: _____
Address: _____
City: _____ State: _____
Zip: _____ DOB: _____
Home #: _____
Work #: _____
Cell #: _____
SS #: _____
Employer: _____
Position: _____
E-mail: _____

Joint Owner:

First Name: _____
Last Name: _____
Address: _____
City: _____ State: _____
Zip: _____ DOB: _____
Home #: _____
Work #: _____
Cell #: _____
SS #: _____
Employer: _____
Position: _____
E-mail: _____

PAY ON DEATH PROVISION / BENEFICIARY

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Relationship to primary member: _____
Social Security #: _____

PAY ON DEATH PROVISION / BENEFICIARY

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Relationship to primary member: _____
Social Security #: _____

OTHER TERMS, SERVICES, EXPLANATIONS, ETC. By signing this document, I/We hereby acknowledge receipt of the following disclosure statements with the terms and conditions of Power Financial Credit Union, as amended periodically, Electronic Funds Transfer Services, Funds Availability Disclosures, and Truth in Savings Disclosures. Initial: X _____

I/We certify that the information provided on this application is true and correct. Power Financial Credit Union is authorized to make whatever inquiries it deems necessary of others concerning the foregoing information, including but not limited to, procuring consumer reports from consumer reporting agencies and to provide information arising out of applicant(s) transactions with Power Financial Credit Union to others, as needed. Signature(s) denote(s) agreement to the terms stated on this form.

Under penalties of perjury, I certify (1) that the Social Security/Tax Payer I.D. Number shown is correct: (2) I am not subject to backup withholding either because I am exempt from backup withholding, or I have been notified that I am 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. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

❒ **Check this box if you have received IRS notification that you are subject to backup withholding**

ALL OWNERS, MUST SIGN BELOW:

[X_____] [X_____] [X_____]
Signature Date Signature Date Signature Date

CREDIT UNION USE ONLY

OFAC Verification: _____ ChexSystems: _____ Beacon Score: _____ Bridger: _____ SunBiz: _____ Branch: _____ Processor: _____ Mgr. Approval: _____ QC Name: _____ QC Date: _____ Flags: _____