



2020 NW 150TH AVENUE - PEMBROKE PINES FL 33028  
(954) 538-4400 or (800) 548-5465

This credit union is federally insured by  
the National Credit Union Administration

**ACCOUNT OPENING REQUIREMENTS**

- 1. Minimum deposit of \$25 for share/checking account.
- 2. Valid ID for primary and joint owners of account: Copy of Driver's License, Passport, or Alien ID.
- 3. Copy most recent paycheck stub for primary and joint owner.

**REQUEST FOR MEMBERSHIP/SERVICES AND PERSONAL ID CODE:**

- New Account
- Change to Existing Account

Member Account Number \_\_\_\_\_

**CU will complete for new account(s)**

**Type of Account:**

- Individual
- Joint
- Business
- Savings
- Checking

**Services Requested:**

- Visa/MasterCard Credit Card
- Visa Debit/Check Card
- ATM Card
- Overdraft to Line of Credit

**Eligible for Membership through:**

- Employer
- Family Member (Complete #1 below)
- Community

1. I am related to \_\_\_\_\_ Relationship \_\_\_\_\_

**PRIMARY MEMBER (Please Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Evening Phone # ( ) \_\_\_\_\_ Daytime Phone # ( ) \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Beeper # \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

SS # \_\_\_\_\_ Birth Date \_\_\_\_\_

Driver Lic. # \_\_\_\_\_

E-mail address \_\_\_\_\_

My employer is \_\_\_\_\_ Employment date \_\_\_\_\_

Location: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CO-OWNER (Please Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Evening Phone # ( ) \_\_\_\_\_ Daytime Phone # ( ) \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

SS # \_\_\_\_\_ Birth Date \_\_\_\_\_

Beeper # \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Driver Lic. # \_\_\_\_\_

My employer is \_\_\_\_\_ Employment date \_\_\_\_\_

Location: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(PLEASE COMPLETE AND SIGN OTHER SIDE.)**

**PAY ON DEATH PROVISION / BENEFICIARY**

Name of Payee \_\_\_\_\_

Address of Payee \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # of Payee \_\_\_\_\_

Relationship to primary member \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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 to 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 ask to see your drivers license or other identifying documents.

**OTHER TERMS, EXPLANATIONS, OTHER SERVICES, ETC.**

By signing this document, I hereby acknowledge receipt of the disclosure statement with the Terms and Conditions of Power 1 Credit Union, Electronic Funds Transfer Services, Funds Availability Disclosures, and Truth and Savings Disclosure. The signees on this contract hereby certify all above information to be true and complete. Power 1 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 1 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 not 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.

X \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Primary Member**

X \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Co-Owner**

**Credit Union Use Only**

Related Acct. #: \_\_\_\_\_

Beacon Score: \_\_\_\_\_ Bridger  YES  No

Chexsystem: \_\_\_\_\_  
Record  YES  No

Check Card / ATM: \_\_\_\_\_

Disclosure Provided to Member: \_\_\_\_\_ Mailed \_\_\_\_\_  
Member Initials

Initial source of deposit: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Personal Ck \_\_\_\_\_  
Transfer \_\_\_\_\_ Other \_\_\_\_\_

Employee: \_\_\_\_\_  Manager Approval: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_

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