

2020 NW 150th Avenue
Pembroke Pines, FL 33028
(800) 548-5465 • powerfi.org

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

Member #: _____

Date: _____

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. Two valid ID's for all owners/signers of the account: Copy of Driver's License, Passport, Alien ID, Employer ID, or copy of most recent paycheck stub.

ACCOUNT OPENING REQUIREMENTS: Minimum initial deposit of \$5.00 for membership & \$20.00 for checking.

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

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

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

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

PAY ON DEATH PROVISION / BENEFICIARY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Relationship to primary member: _____

SS #: _____

PAY ON DEATH PROVISION / BENEFICIARY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Relationship to primary member: _____

SS #: _____

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.

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: _____