

Membership Invitation

Member Number For Credit Union Use Only

Eligibility – Subject To Verification

I'm eligible to join Parishioners Federal Credit Union because I'm (please check one)

- A Parishioner of _____
 Employed by _____
 A Relative of a PFCU member _____
 Dept. of Catholic Schools School Name _____

Member Information (Please complete entire form, check boxes for services requested and sign at bottom)

Primary Owner Name			Mother's Maiden Name			Joint Owner Name			Mother's Maiden Name								
Home Street Address						Years At This Address			Home Street Address						Years At This Address		
City				State		Zip		City				State		Zip			
Date of Birth			Social Security No.			Driver's License No.			Date of Birth			Social Security No.			Driver's License No.		
Home Phone ()			Work Phone ()			Cell Phone ()			Home Phone ()			Work Phone ()			Cell Phone ()		
Employer				Hire Date		Gross Monthly Salary \$		Employer				Hire Date		Gross Monthly Salary \$			
Email Address						Monthly Mortgage/Rent Payment \$ <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family			Email Address						Monthly Mortgage/Rent Payment \$ <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family		

BENEFICIARY(IES) In the event of my death, or if there is more than one owner of this account, in the event of death of all the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account established on this form.

Name of Beneficiary				Date of Birth				Name of Beneficiary				Date of Birth			
Street Address								Street Address							
City		State		Zip		Phone ()		City		State		Zip		Phone ()	

Choose Service and Indicate Initial Deposit

- One-time Membership Fee \$ 5.00
 Deposit To Regular Share Savings Account (Minimum Deposit \$5) \$ _____
 Share Checking Account* (Minimum Deposit \$20) \$ _____
 *First order of basic style checks free if you are age 65 or older or if you have an initial deposit of \$500 or more.
 MasterMoney Debit Card Second Debit Card for Joint Owner ATM Card Second ATM Card for Joint Owner

Social Security Number/Taxpayer I.D.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Taxpayer Identification Number, (2) I am not subject to backup withholding because:

(a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen (including a U.S. resident alien).

Important account opening information: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. citizen.

Acknowledgement & Signature (See reverse for signature verification requirements)

I hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of Parishioners Federal Credit Union. My signature and use of the account will confirm my agreement to be bound and my acceptance of the Agreement on the reverse.

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Primary Owner Signature X _____ **Date** _____
Joint Owner Signature X _____ **Date** _____

CREDIT UNION USE ONLY

Staff Initial _____ Date _____ Chexsystems Primary _____ Joint _____ Retail Int. Yes No Record Yes No