# Membership Invitation/Change Request Form

### □ Additional Service Request □ Change Request/Type Of Change

Member Name	Member Number Driver's License Number		
I hereby make application for the account(s) indicated below and agree that the account(s) is/are subject to the terms of the Membership Invitation/Signature Card. I understand and agree that the account(s) indicated below are owned by any joint owner(s) set forth on the Membership Invitation/Signature Card.	<ul> <li>Second ATM Card for Joint Owner</li> <li>MasterMoney Debit Card***</li> </ul>		
Share Checking Account* (Minimum Deposit \$20)         Transfer from:         Checking       Savings         Check enclosed \$         * First order of basic style checks are free if you are age 55 or older or if you have an initial deposit of \$300 or more. See reverse side to order checks.	<ul> <li>Second Debit Card for Joint Owner</li> <li>***If I do not qualify for a MasterMoney Debit Card, I will be issued an ATM Card.</li> <li>Money Market (Minimum Deposit \$2,500)</li> <li>Transfer from:</li> <li>Checking Savings Check enclosed \$</li></ul>		
For Overdraft Protection         Overdraft Protection**       No Overdraft         ** Overdrafts will be covered by an advance from my Line of Credit, subject to terms and conditions of that account up to my credit limit, then by a transfer from my	<ul> <li>Christmas Club (Minimum Deposit \$5.00)</li> <li>Share Certificate Term</li> </ul>		

#### Section 2 Adding/Deleting Joint Owner

savings account.

If you **did not originally** have a joint owner and you wish to add a joint owner to all your account(s) please complete the information below. Both the primary member and new joint owner **must** sign at bottom.

Joint Owner Name		Drivers License Number and State	Mother's Maiden Name	
Home Street Address/City/State		Home Phone Number	Work Phone Number	
Date of Birth	Social Security No.	Email Address		
Employer		Occupation	Monthly Salary	

#### Section 3 Adding a Beneficiary

If you, as the primary member, would like to add a beneficiary, please complete the information below and sign where indicated.

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(s) as indicated below.

Name	Phone Number	
Address/City/State	Social Security Number	Date of Birth
Name	Phone Number	
Address/City/State	Social Security Number	Date of Birth

#### Section 4 Authorizations & Signatures

In this Additional Services/Change Request Form "I" and "My" mean each and every person who signs below. "You" and "Your" mean Parishioners Federal Credit Union. By signing below, I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Deposit Account Agreement, Truth in Savings Disclosure, the Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement (receipt of all of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Additional Services/Change Request Form shall govern the Share Savings Account, The Share Checking Account, the ATM Card, MasterMoney Debit Card, the PAYS Audio Response Service, Home Banking and other accounts designated above. I authorize you to open other account(s) for me in person or per my telephone request.

By signing below, I also authorize you to gather credit, checking account and employment information you consider appropriate from time to time thereafter. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account and for making future credit opportunities available to me. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Additional Services/Change Request Form and any other information you may receive.

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 your provide is protected by our privacy policy and federal law.

X			X		
Primary Members Signature		Date	New Joint Owner Signature (If Applicable)		Date
CREDIT UNION USE ONL	Y				
Staff Initial	Date	Chexsystems Primary	Joint	Retail Int. $\Box$ Yes $\Box$ No	Record $\Box$ Yes $\Box$ No

#### Please Type Or Print Information As It Appears On Checks.

Line 1

Account Number:

Starting Check No.

Billing (check one)

Account Holder

 $\Box$  Other

Monogram

or Accent:

Parishioners FCU

Typestyle (if different from basic):

Style Code 🛛 1 Boxes 🖓 2 Boxes 🖓 3 Boxes

 $\Box$  Check if 2nd line for 2nd Signature needed

Sig Line Message (two 40 character lines max):

#### Line Of Credit/Share Checking Overdraft Protection

Attach Employment Verification (Pay Stubs)

Line 1		
Line 2	\$	
Line 3	Limit Requested	
Line 4	Primary Member Employer	
Line 5		
Line 6	Joint Owner Employer	
Line 6		( )
Shipping Address (if different from check)	Hire Date	Work Phone
		( )
	Hire Date	Work Phone
	\$	\$
	Primary Member Gross Salary	Mortgage Rent Payment
	\$	\$
	Joint Owner Gross Salary	Mortgage Rent Payment
322281031A 000000 TranCode:		

## **CREDIT UNION USE ONLY** Opened/Ordered By Date ATM Card Second ATM Card Share Checking Money Market Christmas Club Share Cert. Term Debit Card Second Debit Card Loc\$ Initial Order

## Please send information on the following products and services

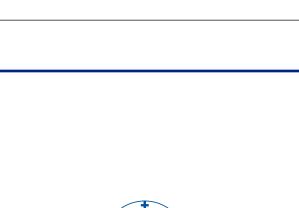
Share Savings Account	🗌 Home Equity Line
Share Checking Account	🗌 Signature Loan
Christmas Club Account	Savings-Secured
Money Market Account	New/Used Auto L
Certificate Account	VISA/Mastercard

- IRA Account
- □ Youth Account

- Cash Advance Line of Credit
- First Mortgage Loan
- Home Equity Loan
  - NCUA



- e of Credit
- Loan
- .oan
- **Credit Cards**
- ATM/Debit Cards
- 24-hour Audio Response
- Home Banking
- Direct Deposit
- □ Notary Public



Parishioners

FEDERAL CREDIT UNION

Date

□ Cover

□ Wallet

□ Stamps

Center

Accent:

## Line 2 Line 3 Line 4 Line 5 Line 6 Shipping Add

Boxes

Sig. Cut:

1 1

**Optional Accessories:** 

Enter Product Code