

Member # \_\_\_\_\_  
*(Completed by PCU staff)*

USE BLACK INK ONLY

A \$25 minimum balance is required to open an account with the credit union.

## MEMBER APPLICATION

Ownership Name Change due to death, marriage or divorce (copy of proof required).

**Name of Member/Organization/Club/Sole Prop:**

**Name** \_\_\_\_\_  
**Street** \_\_\_\_\_  
**City/ST/ZIP** \_\_\_\_\_  
**Home Phone** (\_\_\_\_\_) \_\_\_\_\_  
**Work Phone** (\_\_\_\_\_) \_\_\_\_\_  
**Cell Phone** (\_\_\_\_\_) \_\_\_\_\_  
**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**SSN/TIN** \_\_\_\_\_  
**Identification (DL# or ID#)** \_\_\_\_\_  
**Mother's Maiden Name** \_\_\_\_\_  
**E-mail** \_\_\_\_\_  
**Mailing Address** *(Leave blank if same):*  
**Street** \_\_\_\_\_  
**City/ST/ZIP** \_\_\_\_\_

**Call Center PIN** \_\_\_\_-\_\_\_\_-\_\_\_\_ (4 numbers)  
*(Cannot correspond with any personal information on this form)*

**Member Eligibility:**

Family (Family Member Name) \_\_\_\_\_  
 Employer (Name of Employer) \_\_\_\_\_  
 I LIVE in qualifying area (proof of residency required)  
 I WORK in qualifying area (proof of employment required):  
 Name of Employer \_\_\_\_\_  
 Address of Employer \_\_\_\_\_  
 \_\_\_\_\_  
**For Special Purpose Account (Organization, Club, Sole Prop):** Whenever a change is made dictating who is or is not authorized to conduct business on this Account, a new resolution with the credit union must be completed. It is the responsible party's responsibility to keep the credit union informed of any changes.  
 Resolution on file dated \_\_\_\_/\_\_\_\_/\_\_\_\_

## OWNERSHIP OPTIONS

Add Joint

**Must Check One:**  Individual Account  Joint Account  Trust Dated \_\_\_\_/\_\_\_\_/\_\_\_\_  Organization/Club/Sole Prop  
(Copy of Trust Agreement required)  
 **UTTMA (For Uniform Transfer to Minor Accounts):** \_\_\_\_\_ as custodian for \_\_\_\_\_  
Under the Uniform Transfers to Minors Act (Name of Minor)

Information regarding:  Joint Owner -or-  Authorized Signer  
(POA or Estate)  
 Responsible Party (Organization, Club, Sole Prop)

**Name** \_\_\_\_\_  
(Please Print)  
**Street** \_\_\_\_\_  
**City/ST/ZIP** \_\_\_\_\_  
**Home Phone** (\_\_\_\_\_) \_\_\_\_\_  
**Work Phone** (\_\_\_\_\_) \_\_\_\_\_  
**E-mail** \_\_\_\_\_  
**SSN/TIN** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Identification # (DL, etc.)** \_\_\_\_\_

Information regarding:  Joint Owner -or-  Authorized Signer  
(POA or Estate)  
 Responsible Party (Organization, Club, Sole Prop)

**Name** \_\_\_\_\_  
(Please Print)  
**Street** \_\_\_\_\_  
**City/ST/ZIP** \_\_\_\_\_  
**Home Phone** (\_\_\_\_\_) \_\_\_\_\_  
**Work Phone** (\_\_\_\_\_) \_\_\_\_\_  
**E-mail** \_\_\_\_\_  
**SSN/TIN** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Identification # (DL, etc.)** \_\_\_\_\_

## BENEFICIARY INFORMATION

Add / Change Beneficiary

**Beneficiary Name** \_\_\_\_\_  
(Please Print)  
**Street Address** \_\_\_\_\_  
**City/ST/ZIP** \_\_\_\_\_  
**SSN/TIN** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Beneficiary Name** \_\_\_\_\_  
(Please Print)  
**Street Address** \_\_\_\_\_  
**City/ST/ZIP** \_\_\_\_\_  
**SSN/TIN** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_



## Can't Sign the Application at a PCU Branch Location?

If you cannot open your membership in person and must return the application by mail, please have your signature notarized. Please include a photocopy of a valid (non-expired) government issued photo I.D. such as a driver's license, state I.D. card, passport, or military I.D. If you have a sticker on the back of your driver's license extending the expiration date on the front, please make a copy of that as well.

### Notary Acknowledgement

State    }  
          }  
County}

I, \_\_\_\_\_, a Notary Public, do hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_ and \_\_\_\_\_. Who, being first duly sworn, acknowledges on oath that he/she/they is/are the person(s) who executed the Account Card and Account Services Card with Premier Credit Union, which instrument is dated \_\_\_\_\_, 20\_\_\_\_ and is attached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

IN WITNESS WHEREOF, I have here unto set my hand and seal this day and year before written.

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

(Seal)