

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

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

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** ____/____/____

