

For Credit Union Use Only Account # EIC.



Provide a copy of your valid ID.

Acceptable types include unexpired State Driver's License, Non-Driver's Photo Id (State-Issued), Passport, Permanent Resident Card and Employment Authorization Document.

1 PRIMARY MEMBER INFORMATION

I. I NIMANT MEMDEN INI OI				
Please Print First Name	Middle	Last		Suffix
Street Address		City	State	Zip
SSN	Birthdate		Ge	ender
ID #	Issuing State/Country	Issue Date	Exp. Date	Circle type Driv. Lic. State ID Other
Home Phone	Work Phone		Cell Phone	
Email ¹				

2. HOW ARE YOU ELIGIBLE FOR MEMBERSHIP? (Check one and fill in below)

Employee of		

Relative of (Member's Name & Account Number)

Live, Work, Worship or Study in Philadelphia or Columbia County

Please order my first box of standard checks (fee may apply)²

(like an ATM card but also valid where VISA is accepted)

Second Check Card OR ATM card for Joint Owner

3. JOINT OWNER INFORMATION (Complete if adding a joint owner to your account)

Please Print First Name	Middle	Last		Suffix
Street Address	Ci	ty	State	Zip
SSN	Birthdate		Ger	ıder
ID #	Issuing State/Country	Issue Date	Exp. Date	Circle type Driv. Lic. State ID Other
Home Phone	Work Phone		Cell Phone	
Email ¹				

OPTIONS:

Check Card

ATM Card

(withdraw or deposit at ATMs only)

SAVINGS ACCOUNTS: CHECKING ACCOUNTS: (select one) PFCU Checking **Regular Savings** Vacation Club Savings Kasasa Cash Back Checking (cash back on debit card purchases) Holiday Club Savings Better Checking (dividend-bearing) Higher Yield Savings Senior Checking (dividend-bearing for 50+) Moola Moola Savings (children 12 years and under)

4. MEMBERSHIP ACCOUNTS AND OPTIONS

CU Succeed Account (ages 13 to 17)

5. MEMBERSHIP AGREEMENT

I/We hereby make application for membership in Philadelphia Federal Credit Union, and agree to conform to its bylaws and amendments thereof, copies of which have been made available to me/us, and to subscribe for at least one (1) share. Philadelphia Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to the credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right to further subscriber to the withdrawal or receipt of any of them, and payment to any of to the credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. In the event of the death of my joint owner I, surviving owner, hereby agree to pledge my shares on this account to any loan balance due from the decedent, his/her estate, heirs, administrators, or assigns to the Philadelphia Federal Credit Union. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said Credit Union, which shall not affect transactions theretofore made. This membership agreement(s), if any, and becomes the official record of all parties to this account. I/We hereby authorize the Philadelphia Federal Credit Union (the Credit Union) to establish for me/us the share account(s) designated above. The Credit Union is authorized to pay checks signed by me/us and to charge the payments against my/our checking account. I/We have received, read and agree to comply with the terms and conditions of the Credit Union Agreements and Disclosures and all related documents, Privacy Disclosure, and to all applicable account-specific disclosures and product and service-specific disclosures.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Under penalties of perjury, I certify that:

Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and, 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 or other U.S. person (Definition of a U.S. person: For federal tax purposes, you are considered a U.S. person if you are: An individual who is a U.S. citizen or U.S. resident alien; A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; An estate (other than a foreign estate); or A domestic trust (as defined in Regulations section 301.7701-7).); and, 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

	Primary Member Signature	Date	Joint Owner Signature
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You will be notified of the status of your application within 5-7 business days after our receipt.

Questions? Call 215-934-3500 or 800-832-PFCU (outside metropolitan area).



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Relationship to Primary Member

¹ By providing us your email address, you are giving permission for PFCU to send you information periodically via email.

An opt-out option is included in any email you receive. ² Fee applies when ordering checks for PFCU and Kasasa Cash Back Checking accounts.