

Pacific Transportation Federal Credit Union

Membership Application / Signature Card

Member Number _____

Owner(s) Account(s) shall be (check one): Individual Account Joint Account Account Update
Account/Products Requested

You authorize PTFCU to establish the following accounts/services: Primary Savings (Required) Youth Checking
 ATM/VISA® Debit Card Link Savings to Checking _____ Other _____

Primary Member Name (please print) _____ SSN# _____

I am eligible for membership by being:

Employed by _____ Occupation _____

Family Member _____ PMRRC _____

Last Name _____ First Name _____ M.I. _____

Birthdate _____ Driver's License # _____ State _____

Home Address _____
(Do not use work address or P.O. Box)

City _____ State _____ Zip (+4) _____

H: (____) _____ W: (____) _____ C: (____) _____

Work Address _____

Mother's Maiden Name _____

E-mail _____

Joint Owner Name (please print) _____ SSN# _____

Employed by _____ Occupation _____

Last Name _____ First Name _____ M.I. _____

Birthdate _____ Driver's License # _____ State _____

Home Address _____
(Do not use work address or P.O. Box)

City _____ State _____ Zip (+4) _____

H: (____) _____ W: (____) _____ C: (____) _____

Work Address _____

Mother's Maiden Name _____

E-mail _____

COMPLETE REVERSE SIDE

Beneficiary(ies)/Pay on Death P.O.D. Payee's

Upon the death of the member (if no joint owner), or upon the death of the last surviving joint owner, any unencumbered balance remaining in the account shall be distributed by the credit union to the estate of the last surviving account owner:

Name _____ SSN _____ Distribution % _____

Address _____ Relationship _____

Name _____ SSN _____ Distribution % _____

Address _____ Relationship _____

Name _____ SSN _____ Distribution % _____

Address _____ Relationship _____

Request for Taxpayer Identification Number

Part I. - Taxpayer Identification Number (TIN)

Enter the taxpayer identification number in the appropriate box. For most individual taxpayers, this is the social security number.

Taxpayer ID Number (Social Security Number):

Part II. - Backup Withholding On Accounts Opened After 12/21/83

Check the box if you are NOT subject to backup withholding under the provisions of section 3405 (a)(1)(C) of the Internal Revenue Code

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. person (including a U.S. resident alien). Instructions: Cross out item 2 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. citizen.

Authorization and Signatures By signing below, owner(s) agree that this account shall be governed by terms and conditions set forth on this card. by signing below, owner(s) signature constitutes a request for any identifying number and/or access device issued by the credit union in connection with such accounts. Owner(s) acknowledge receipt of and agree to the terms of the credit union's Truth-In-Savings Disclosure, Electronic Services Disclosure and the Schedule of Fees and Charges. If received by mail, a disclosure will be forwarded within 20 days. Owner(s) authorize the credit union to gather whatever credit information necessary and appropriate for the purpose of prescreening or prequalifying me/us for various credit union products and services. Owner(s) understand and agree that the credit union may retain this Signature Card and any other information the credit union may receive and that this card supersedes any cards currently in file for these account(s). I/We waive my/our right to confidentiality of my/our records with the California Departments of Motor Vehicles (DMV) and authorize the credit union to obtain such information from DMV. I/We hereby make application for membership with Pacific Transportation Federal Credit Union and agree to conform to the bylaws and amendments thereof. Each applicant certifies that they are within the Credit Union's field of membership. You promise that everything you have stated in this application is correct to the best of your knowledge. You authorize us to gather whatever credit, account and employment information we consider appropriate from time to time. (You understand that this will assist, for example, in determining your initial and ongoing eligibility for an account.) If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on a membership application made to Federal Credit Unions insured by the NCUA. Owner(s) understand and agree that this Account Signature Card shall govern all accounts opened under the membership number.

Important Information About Procedure 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 Me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

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.

**SIGN
HERE**

Primary Member Signature

Joint Owner Signature

Date _____

Date _____

FOR CREDIT UNION USE ONLY

Type of ID: _____ ID/DL #: _____ Exp. Date: _____ State: _____

ChexSystems OFAC CU REP: _____ Branch: _____