Account Application

Point Breeze Credit Union

Member Number: _____

Account #: _____ SDC #: _____

- ☐ Savings
- ☐ Holiday Club
- ☐ Free Checking
- ☐ Free Checking Plus
- ☐ You Name It Savings: _____

Account Maintenance **Change Date:** _____

- ☐ Name Change: Marriage/Divorce
- ☐ Add/Remove Owner ☐ Add/Change POD ☐ Interest Chk. Ownership
- ☐ Decline Automatic Overdraft Protection for Checking Accounts from Savings.

- ☐ Individual
- ☐ Joint Owner
- ☐ Student
- ☐ Custodial (MUTMA)

How did you hear of us?

Member Application and Ownership Information

Primary Name:		Birth Date:
Address:		SSN/TIN:
City, State, Zip:		E-Mail:
Home Phone:	Work:	Cell:
ID Type/#:	State:	Expiration:
Employer:	Occupation:	Membership Eligibility:

How will you access this account? ☐ Visa Debit Card (must have checking account otherwise ATM Card will be issued.) ☐ AUDRE

Name 2:	☐ Joint Owner ☐ Custodian ☐ POD	
Address:		SSN/TIN:
City, State, Zip:		E-Mail:
Home Phone:	Work:	Cell:
ID Type/#:	State:	Expiration:
Employer:	Occupation:	Birth Date:

How will you access this account? ☐ Visa Debit Card (must have checking account otherwise ATM Card will be issued.)

Name 3:	☐ Joint Owner ☐ Custodian ☐ POD	
Address:		SSN/TIN:
City, State, Zip:		E-Mail:
Home Phone:	Work:	Cell:
ID Type/#:	State:	Expiration:
Employer:	Occupation:	Birth Date:

How will you access this account? ☐ Visa Debit Card (must have checking account otherwise ATM Card will be issued.)

Name 4:	☐ Joint Owner ☐ Successor Custodian ☐ POD	
Address:		SSN/TIN:
City, State, Zip:		E-Mail:
Home Phone:	Work:	Cell:
ID Type/#:	State:	Expiration:
Employer:	Occupation:	Birth Date:

How will you access this account? ☐ Visa Debit Card (must have checking account otherwise ATM Card will be issued.)

TIN Certification and Backup Withholding Information

I certify that the Social Security Number (SSN)/Taxpayer Identification Number (TN) shown is my/our correct identification number and that I am NOT, unless otherwise designated, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest or because the IRS has notified me/us that I/we are no longer subject to backup withholding.

Under the penalties of perjury, I certify that (1) the number shown on this form is my correct identification number, and (2) I am a U.S. person (including U.S. resident alien). The IRS does not require your consent to any provision of this document other than certification requested to avoid backup withholding. I also agree to repay all collection costs incurred by the Credit Union in its efforts to collect on funds still due to the Credit Union from overdrawn accounts, including any attorney or agency fees of up to 25%, if the account is referred to any attorney or agency for collection.

Authorization

I hereby certify under penalty of perjury that I am eligible to be a member of Point Breeze Credit Union. By signing this document, I primary member, and each joint account owner, if any, agree(s) to be bound by the terms and conditions of the Agreements and Disclosures Booklet and Rate and Fee Schedule which I have received upon execution of this signature document (provided prior to execution), together with any amendments the credit union may make all of which are incorporated by reference here in and made apart hereof. Point Breeze Credit Union is authorized to check my/our account, credit, identity and employment history and to obtain a consumer report from third parties, including credit reporting agencies to verify my/our eligibility for the accounts and services requested in connection with this application and any update, renewal or extension of credit or services.

X _____ X _____

Signature/Member Date Signature/Member Date

X _____ X _____

Signature/Member Date Signature/Member Date

Rev 4/19

Credit Union Use Only: Teller Number: _____ Deluxe Detect: _____