

MEMBER APPLICATION

Direct Deposit, Checking, ATM/Debit Card



For Your Financial Health

TIN CERTIFICATE and BACKUP WITHHOLDING

Toledo Flower Bay Park Paramount
 PCCSC Family Other _____

Direct Deposit Custodial Add Joint Owner
 ATM / Debit Card Add Account _____

Last Name _____ First Name _____

Social Security Number(TIN) _____ Birth Date ____/____/____

Home Phone _____ Drivers License # _____

Address _____ Own Rent Apt.# _____

City _____ State _____ Zip Code _____

Employer _____ ID# _____

Work Phone _____ Dept. _____

ATM / Debit Card Information

Hire Date _____ Wage/Salary _____

Other Income _____ Amount _____

E-mail _____

Mothers Maiden Name _____

Joint Owner Information

Last Name _____ First Name _____

Social Security Number(TIN) _____ Birth Date ____/____/____

Home Phone _____ Drivers License # _____

Work Phone _____ Dept. _____

Hire Date _____ Wage/Salary _____

Other Income _____ Amount _____

E-mail _____

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 as a result of a failure to report all interest or dividends, or
 - (b) the IRS has notified me that I am no longer subject to backup withholding
3. I am a US citizen (including a U.S. resident alien).

Certification Instructions

Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on you tax return. Cross out item 3 and complete a W-8CEN if you are not a U.S. citizen.

Authorization

By signing below, I/We agree to the terms and conditions of the membership and account agreement, truth-in-savings, rate and fee schedule, funds availability policy disclosure of ProMedica Federal Credit Union, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the electronic funds transfer agreement

The Internal Revenue Service does not require your consent to any provision of the this document other than the certifications required to avoid backup withholding. I/We agree to any means needed to check my membership eligibility qualifications for membership. A consumer credit report may be requested in connection to this application and with any renewals, updates, or extension on new credit or additional services as a result of this application.

I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or the Electronic Funds Transfer service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement

Primary Signature _____ **Date** _____

Co-applicant Signature _____ **Date** _____

FOR CREDIT UNION USE ONLY

ACCOUNT OPENED BY: _____ DATE OPENED: _____

CREDIT REPORT DISCLOSURES CHEX SYSTEM APPROVED DENIED