

Membership Application



Complete all highlighted boxes in the form below by typing in the requested information. You may also print the form and complete it legibly using a ball point pen. Be sure to sign the form and send it to us along with a minimum \$25 opening savings deposit and a copy of your Government-issued photo ID which includes your signature.

MAIL: PostCity Financial Credit Union • 3738 Bayer Ave. Ste. 102, Long Beach, CA 90808

FAX: Long Beach (562) 684-4354

SECURE EMAIL: member.service@postcitycu.org

You agree that the Credit Union may treat any such faxed or emailed signatures as your original signature. You further agree, upon our request, to send us the original Membership Application containing your original signature. You agree that if you return this Membership Application to the Credit Union via fax or email, you are authorizing the Credit Union to accept documents that appear to bear your facsimile or email signature, and the Credit Union will not be liable for honoring any transaction or instrument that appears to bear your facsimile or email signature.

ACCT. NO.	NAME	DATE
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SERVICES REQUESTED

<input type="checkbox"/> SAVINGS (SHARE) ACCOUNT	_____	Date Opened	_____	<input type="checkbox"/> DEBIT CARD	_____
<input type="checkbox"/> CHECKING	_____			<input type="checkbox"/> ATM	_____
<input type="checkbox"/> DIRECT DEPOSIT	_____			<input type="checkbox"/> OTHER	_____

This membership and account application card covers all accounts listed and services established/opened hereafter under this member account number.

MEMBER INFORMATION

MEMBER NAME (PLEASE PRINT)			SOCIAL SEC. #
ADDRESS	CITY	STATE	ZIP
EMAIL	HOME PHONE	BUSINESS PHONE	CELL PHONE
DRIVER LIC. #	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
EMPLOYER AND ELIGIBILITY/PAY LOCATION			JOB TITLE

JOINT OWNER(S) INFORMATION

JOINT OWNER NAME (PLEASE PRINT)			SOCIAL SEC. #
ADDRESS	CITY	STATE	ZIP
EMAIL	HOME PHONE	BUSINESS PHONE	CELL PHONE
DRIVER LIC. #	DATE OF BIRTH		
EMPLOYER AND ELIGIBILITY/PAY LOCATION			JOB TITLE

JOINT OWNER NAME (PLEASE PRINT)			SOCIAL SEC. #
ADDRESS	CITY	STATE	ZIP
EMAIL	HOME PHONE	BUSINESS PHONE	CELL PHONE
DRIVER LIC. #	DATE OF BIRTH		
EMPLOYER AND ELIGIBILITY/PAY LOCATION			JOB TITLE

DESIGNATION OF BENEFICIARY (PAY-ON-DEATH BENEFICIARIES)

MEMBER SHARES BENEFICIARY In the event of my death and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appear(s) below as my beneficiary(s) to receive any and all amounts in this account(s).

NAME ADDRESS MEMBER SIGNATURE

JOINT OWNER SHARES BENEFICIARY In the event of my death and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appear(s) below as my beneficiary(s) to receive any and all amounts in this account(s).

NAME ADDRESS JOINT OWNER SIGNATURE

Acknowledgment of Receipt and Acceptance of Truth-in-Savings Disclosure

I hereby make application for membership in and agree to confirm to the by-laws (as amended). By signing below, I acknowledge that I have received a copy of the Credit Union's Truth-in-Savings Disclosure (Disclosure), Electronic Funds Transfers Disclosure and the current Rate and Fee Schedule. All the terms, conditions and information contained in the disclosure and any amendments thereto (Application) are by this reference incorporated in their entirety into this membership application and account agreement (Application). I agree to be bound by the terms and conditions of the Disclosure and Application. I understand that the Credit Union may verify all information I have given on the application.

All signatories to this account relationship agree with each other and with PostCity Financial Credit Union that each person is the authorized representative of the other, and that each signatory is jointly and severally liable to PostCity Financial Credit Union for all obligations arising in connection with this account relationship.

PostCity Financial Credit Union makes credit available to its members on a regular basis. The owner(s) authorize the Credit Union to obtain credit reports in connection with future credit opportunities.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by the account owners, or any of them except by written notice to the Credit Union, which shall not affect transactions made prior to the receipt of the notice. Shares are not transferable except upon the books of the Credit Union.

I/We certify under penalty of perjury, all information I/we have provided on this Membership and Account Application is true, correct and complete.

MEMBER SIGNATURE DATE

JOINT OWNER SIGNATURE DATE

JOINT OWNER SIGNATURE DATE

I certify the Taxpayer Identification Number/Social Security Number on this form is true and correct, and that I am a U.S. person.

If checked here, I am subject to backup withholding due to failure to report interest and dividend income, and I have been notified by the Internal Revenue Service.

Please note: The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

MEMBER SIGNATURE DATE

CO-WORKER OR FAMILY MEMBER WHO MAY BE INTERESTED IN JOINING

NAME ADDRESS PHONE

For Credit Union Use Only

DATE APPROVED BY: CHECK SYSTEMS YES NO 2021

(877) 337-2728 • www.postcitycu.org

AMERICAN SHARE INSURANCE
Your savings insured up to \$500,000 per account. By members' choice, this institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. The credit union is not insured by any state government.



Clear Form

Print