

# Membership Application



Complete all boxes in the form below by clearly printing the requested information using a ball point pen. Be sure to sign the form and bring or 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:** (562) 684-4354 • **EMAIL:** member.service@postcitycu.org

**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 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.

*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

	Date Opened		Date Opened
<input type="checkbox"/> SAVINGS (SHARE) ACCOUNT	_____	<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)		SSN #	
ADDRESS	CITY	STATE	ZIP
EMAIL	HOME PHONE	BUSINESS PHONE	CELL PHONE
DRIVERS LIC. #	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
EMPLOYER AND ELIGIBILITY/PAY LOCATION		JOB TITLE	

## JOINT OWNER(S) INFORMATION

JOINT OWNER NAME (PLEASE PRINT)		SSN #	
ADDRESS	CITY	STATE	ZIP
EMAIL	HOME PHONE	BUSINESS PHONE	CELL PHONE
DRIVERS LIC. #	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
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## DESIGNATION OF BENEFICIARY (PAY-ON-DEATH BENEFICIARIES)

Beneficiary Information: The following beneficiaries are to receive the proceeds of my accounts at my death. If this is or becomes a joint account, the beneficiaries are to receive the proceeds only upon the death of both/all joint owners. If more than one beneficiary is listed, account proceeds are owned jointly by such beneficiaries without rights of survivorship and will be distributed equally between the beneficiaries unless a different percentage is indicated.

NAME	RELATIONSHIP	DATE OF BIRTH	SSN
ADDRESS	CITY	STATE	ZIP
NAME	RELATIONSHIP	DATE OF BIRTH	SSN
ADDRESS	CITY	STATE	ZIP

## 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.

By signing below, I agree that the Credit Union may from time to time make calls and/or send text messages to me at any telephone number(s) provided to the Credit Union, including mobile telephone numbers that could result in data usage and charges to me. This is so that the Credit Union can service and keep me informed about my Account(s), collect any amounts I owe the Credit Union, and/or provide fraud, security breach, or identity theft alerts. I also agree that I may be contacted by the Credit Union's service providers making such calls on the Credit Union's behalf. The manner in which these calls or text messages may be made to me include, but are not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems. I understand that I am not required to provide consent as a condition to receiving the Credit Union's products or services. I may change the telephone number provided or withdraw my consent at any time by contacting the Credit Union at (877) 337-2728.

I agree that the Credit Union may from time to time make calls and/or send text messages to me at any telephone number(s) provided to the Credit Union, including mobile telephone numbers that could result in data usage and charges to me. This is so that the Credit Union can contact me regarding offers for other products and/or services. I also agree that I may be contacted by the Credit Union's service providers making such calls on the Credit Union's behalf. The manner in which these calls or text messages may be made to me include, but are not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems. I understand that I am not required to provide consent as a condition to receiving the Credit Union's products or services. I may change the telephone number provided or withdraw my consent at any time by contacting the Credit Union at (877) 337-2728.

**Sign here to indicate consent to be contacted for marketing purposes:** \_\_\_\_\_

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, under penalty of perjury, the Taxpayer Identification Number/Social Security Number on this form is true and correct. I am not subject to backup withholding due to failure to report interest and dividend income, 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

MEMBER SIGNATURE	DATE
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### For Credit Union Use Only

DATE

APPROVED BY:

ChexSystems ☐ YES ☒ NO

2024

(562) 498-6057 • [www.postcitycu.org](http://www.postcitycu.org)



**AMERICAN SHARE INSURANCE**  
Your savings insured 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.

