Point Breeze Credit Union

Account Application

Member Number:

Account #: SDC #:

Individual
Joint Owner
Student
Custodial (MUTMA)

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
Decline Automatic Overdraft Protection for Checking Accounts from Savings.

How did you hear of us?

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.)

I, the Primary Account Holder, hereby certify under penalty of perjury that I am eligible to be a member of Point Breeze Credit Union on the basis that Iwork,worship, am a member of and/or volunteer for any organization located within 20 miles of a Point Breeze office or am an immediate family member of such.

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 end Fee Schedule which I have received upon execution of this signalize 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 end 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. I also agree to repay all collection cost 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.

I certify under penalties of perjury that (1) the Social Security Number (SSN)/ Taxpayer Identification Number (TIN) shown is my correct identification number, (2) I am not, unless this line is crossed out, 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 that I am no longer subject to backup withholding, and (3) I am a U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the U.S. or under the laws of the U.S.; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7); the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Exempt payee code (if any) N/A exemption from FATCA reporting code (if any) - N/A.

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

X _____ _____
Signature/Member Date

X _____ _____
Signature/Member Date

X _____ _____
Signature/Member Date

X _____ _____
Signature/Member Date