

7905 Malcolm Road - Suite 311 Clinton, MD 20735

(800) USPS-FCU (877-7328) Fax: (301) 856-4061

Checking & E-Services Application

ACCOUNT NUMBER: _ PRIMARY APPLICANT МІ LAST NAME FIRST NAME STREET ADDRESS DATE OF BIRTH SOCIAL SECURITY NUMBER MOTHER'S MAIDEN NAME DRIVER'S LICENSE NUMBER CITY STATE 7IP HOME PHONE WORK PHONE/EXT. LENGTH AT RESIDENCE OWN RENT **CELL PHONE EMAIL ADDRESS** NAME AND ADDRESS OF EMPLOYER PHONE YEARS THERE JOB TITLE ANNUAL SALARY/WAGES Choose 6 digits for possible phone or other transaction verification. Numbers 0-9, letters A-Z LAST NAME FIRST NAME МІ DATE OF BIRTH SOCIAL SECURITY NUMBER STREET ADDRESS MOTHER'S MAIDEN NAME DRIVER'S LICENSE NUMBER CITY STATE ZIP HOME PHONE WORK PHONE/EXT. LENGTH AT RESIDENCE OWN RENT **CELL PHONE EMAIL ADDRESS** RELATION TO PRIMARY MEMBER NAME AND ADDRESS OF EMPLOYER PHONE YEARS THERE JOB TITLE ANNUAL SALARY/WAGES \$ ADDITIONAL SERVICES Add Joint Owner Money Market Checking VISA Check Card QUE Telephone Teller Interest Checking Overdraft Line of Credit* Personal Identification Number to be used for QUE 24/7 Access Checking Transfer from Savings**, then Approved Line of Credit** Telephone Teller Virtual Branch Home Banking Transfer from Approved Line of Credit, then Savings * On approved credit Online BillPayer Service ** Transfer fee will be assessed. See current schedule of fees. NUMBERS ONLY (All PINs are the same for any Co-Owner) SIGNATURE(S) By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Available Policy Disclosure. If an access card or Electronic Funds Transfer (EFT) service is requested and provided, I/we agree to the terms of and acknowledge receipt of EFT. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. By signing below, I/we hereby make application to USPS FCU to check my credit history for any reason, including verification of the information on this application. I/we understand I/we will receive all product/service disclosures after my/our application is approved, and that some services require credit approval. I/we agree that I/we have read and agree to all terms and conditions. PRIMARY APPLICANT'S SIGNATURE JOINT APPLICANT'S SIGNATURE DATE DATE

Are you a frequent traveler?
No No
Yes
If Yes: Do you frequently travel outside of the United States?
No
Yes - Please list all countries to which you frequently travel:
Will your initial deposit exceed \$5000?
No
Yes - What is the source of your funds?
Will you deposit or write checks?
No
Yes - Will any of your deposits be made via a mobile device such as a smartphone or tablet?
Yes
No
No Yes - Approximately how much will you deposit/withdraw each month?
Will you be sending or receiving wire transactions?
No
Yes - What is the monthly total of wire transactions you expect to send?
What is the monthly total of wire transactions you expect to receive?
Will you be receiving wires from outside of the USA? Yes No
If Yes: Please list all countries from which you expect to receive a wire transaction:
Will you send or receive money electronically? Examples of this would be direct deposit of payroll, electronic payment to a creditor, or payments sent using BillPayer. No
Yes - What is the monthly total of ACH/non-wire transactions you expect to send?
What is the monthly total of ACH/non-wire transactions you expect to receive?
Will you be sending or receiving ACH/non-wire transactions from outside the USA?
Yes No
If Yes: Please list all countries to or from which you expect to send or receive ACH/non-wire transactions:

ALL QUESTIONS MUST BE ANSWERED TO COMPLETE APPLICATION AND AVOID DELAYS IN OPENING ACCOUNT