



7905 Malcolm Road - Suite 311
Clinton, MD 20735
(800) USPS-FCU (877-7328) Fax: (301) 856-4061

Adding Joint Owner Application

ACCOUNT NUMBER: _____

PRIMARY MEMBER INFORMATION

LAST NAME		FIRST NAME		MI
DATE OF BIRTH	SOCIAL SECURITY NUMBER	STREET ADDRESS		
MOTHER'S MAIDEN NAME	DRIVER'S LICENSE NUMBER	CITY	STATE	ZIP
HOME PHONE	WORK PHONE/EXT.	<input type="checkbox"/> OWN <input type="radio"/> RENT	LENGTH AT RESIDENCE	
CELL PHONE	EMAIL ADDRESS			

PRESENT EMPLOYER

NAME AND ADDRESS OF EMPLOYER			
PHONE	YEARS THERE	JOB TITLE	ANNUAL SALARY/WAGES \$

JOINT ACCOUNT OWNER INFORMATION

LAST NAME		FIRST NAME		MI
DATE OF BIRTH	SOCIAL SECURITY NUMBER	STREET ADDRESS		
MOTHER'S MAIDEN NAME	DRIVER'S LICENSE NUMBER	CITY	STATE	ZIP
HOME PHONE	WORK PHONE/EXT.	<input type="checkbox"/> OWN <input type="radio"/> RENT	LENGTH AT RESIDENCE	
CELL PHONE	EMAIL ADDRESS	RELATION TO PRIMARY MEMBER		

PRESENT EMPLOYER

NAME AND ADDRESS OF EMPLOYER			
PHONE	YEARS THERE	JOB TITLE	ANNUAL SALARY/WAGES \$

Order Debit Card for Joint Owner

ADDITIONAL INFORMATION

All subshare accounts associated with the Primary Member’s account number included on this application will be equally accessible to all joint owners. A joint account at the Credit Union is held as a Joint Account with Survivorship. Therefore, on the death of a party to the account, the deceased party’s ownership in the account passes to the surviving party or parties to the account.

Refer to the Credit Union’s Membership Agreements and Disclosures for additional information.

Please provide a copy of the front and back of the Primary Member’s and Joint Owner’s identifications with this application.

ACKNOWLEDGEMENT

I/We hereby make application for membership in U. S. Postal Service Federal Credit Union (USPS FCU) and agree to conform to its policies, by-laws and amendments thereof. **I/We understand that a service charge will be deducted from my/our account each month if a \$250 combined minimum balance is not maintained or if I/we don't have a USPS FCU VISA credit card or another USPS FCU loan product after the first six months of membership.** Under penalties of perjury, I certify: 1) That the Social Security number shown on this form is my correct ID number; 2) That I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. **IMPORTANT – If you have been notified by the IRS that you are subject to backup withholding, strike through part (2) of the above certification.** 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.

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. 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. Your membership application must be accompanied by a copy of a valid U.S. Government issued photo ID (driver’s license, passport, or military ID) and a copy of your USPS employee photo ID OR your most recent employer payroll check stub.

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 of this application. **Your membership application must be accompanied by a copy of a valid U.S. Government issued photo ID (driver’s license, passport, or military ID) and a copy of your USPS employee photo ID OR your most recent employer payroll check stub.**

PRIMARY APPLICANT’S SIGNATURE	DATE	JOINT APPLICANT’S SIGNATURE	DATE
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ALL QUESTIONS MUST BE ANSWERED TO COMPLETE APPLICATION AND AVOID DELAYS IN OPENING ACCOUNT

Are you a frequent traveler?

- ☐ 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

Will you deposit or withdraw cash in-person or via an ATM?

- ☐ 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: _____