



PREMIER COMMUNITY CREDIT UNION

We're here for you.

P. O. Box 8929 • Stockton, CA • 95208 • (209) 235-1100 • www.PremierCCU.com • info@PremierCCU.com

Account No:

Membership Application/Signature Card

Date of Application _____ / ____ / ____

MEMBER:

Name (First M Last) _____ SSN _____ - - - - - Date of Birth _____ / ____ / ____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (If different from Street Address) _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation/Employer _____ Driver's License # _____ State Issued _____

E-mail Address _____ Mother's Maiden Name _____ Membership Eligibility _____

JOINT OWNER(S): Joint owners and owners have equal access to all accounts (except loans) opened under this member number and are authorized to act on behalf of the other owners, per the account agreement.

Joint Name (First M Last) _____ Occupation/Employer _____ D.O.B. _____ Address _____

SSN _____ Driver's License # _____ State _____

Joint Signature
X

Joint Name (First M Last) _____ Occupation/Employer _____ D.O.B. _____ Address _____

SSN _____ Driver's License # _____ State _____

Joint Signature
X

BENEFICIARY(S):

Beneficiary (First M Last) _____ Address _____ City _____ ST _____ Zip _____ D.O.B. _____ / ____ / ____

Beneficiary (First M Last) _____ Address _____ City _____ ST _____ Zip _____ D.O.B. _____ / ____ / ____

Uniform Trust To Minor Y / N as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act)

IRS Certification: BY SIGNING BELOW I certify under penalties of perjury (1) that the number shown on this form is my correct identification number and (2) that I am not 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 interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. Person (including a U.S. resident alien).

SIGNATURES & CERTIFICATIONS: The undersigned hereby agrees to be bound by all the terms, conditions and provisions of the Membership Account Disclosures and Agreement and acknowledges receipt of a copy of the document. I further authorize PCCU to access my credit report and/or account history through an outside service bureau, issue a Personal Identification Number (PIN) for VISA Check Card, ATM Access, Internet Banking, OverDraft Line of Credit, and open additional accounts and services upon request, or when deemed necessary at the discretion of the credit union.

Signature
X _____ Date _____

Opened by: _____ Membership Officer: _____ OFAC ChexSystems