



Membership Application

Questions? Call Member Services at 502/968.3681 or 800/626.2870

Information About Primary Applicant

First Name	Middle Name	Last Name	Suffix	Birth Date	SSN
Street Address (must have a physical street address)		City	State	Zip	Home Phone (w/ area code)
Mailing Address (if different than physical street address)		City	State	Zip	Preferred Method of Contact
Previous Address (if at current address less than 5 years)		City	State	Zip	Mother's Maiden Name
Employed By	Work Phone (w/ area code)		E-Mail Address		
ID Type	ID Number	ID Issue Date	ID Expiration Date		

How are you eligible? (Please check one)

<input type="checkbox"/> Community Provide Name of County	<input type="checkbox"/> Household Provide Eligible Member's Account # or Name	<input type="checkbox"/> Family Member Provide Eligible Member's Account # or Name	<input type="checkbox"/> Census Tract Provide Census Tract #
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Information About Joint/Custodian

<input type="checkbox"/> Joint	First Name	Middle Name	Last Name	Suffix	Birth Date	SSN
<input type="checkbox"/> Custodian	Street Address (must have a physical street address)		City	State	Zip	Home Phone (w/ area code)
Employed By	Work Phone (w/ area code)		E-Mail Address		Mother's Maiden Name	
ID Type	ID Number	ID Issue Date	ID Expiration Date			

What type of account would you like to open? Do you want remote access?

Account Type - _____	If Custodian, select type of custodian account: <input type="checkbox"/> Minor <input type="checkbox"/> Guardianship/Court Appointed/SSI	<input type="checkbox"/> HomeBanking <input type="checkbox"/> DIAL
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Please select the share type(s) you would like to open under this account:	Would you like a plastic card to manage your account?	How would you like to receive your statement?
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Primary Savings _____ <input type="checkbox"/> Individual <input type="checkbox"/> Joint/Custodian Checking Type _____ <input type="checkbox"/> Individual <input type="checkbox"/> Joint/Custodian <input type="checkbox"/> Waive Overdraft from savings Other Savings _____ <input type="checkbox"/> Individual <input type="checkbox"/> Joint/Custodian	<input type="checkbox"/> Debit Card <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> ATM Card <input type="checkbox"/> Individual <input type="checkbox"/> Joint <small>I/We request Park Community issue a Debit/ATM card to applicant(s) which includes access to the ATM network currently in effect. I/We also certify that the financial information is true and agree to abide by the term of the plastic card(s) agreement, which is available on the EFT Disclosure.</small>	<input type="checkbox"/> eStatements <small>(primary e-mail address required)</small> <input type="checkbox"/> Mailed Statements <input type="checkbox"/> No Statements
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Terms of Agreement

<p>Joint Share Agreement Park Community Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transactions of any business for this account. The joint owners of this account hereby agree with each other and with Park Community that all sums now paid in shares or heretofore or hereafter paid on shares by any or all said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt or any of them. Payment to any of them or the survivor(s) shall be valid and discharge Park Community from any liability for such payment. Any or all said joint owners may pledge all or part of the shares in this account as collateral security to a loan(s). The right or authority of the Credit Union under this</p>	<p>agreement shall not be changed or terminated by said owners or nay of them, except by written notice to Park Community which shall not affect transactions therefore made. Credit Union Membership is established by opening a share account with a minimum balance of \$5.00 which is to remain in the account at all times. Custodian Accounts Primary applicants under the age of 18 require a joint/custodian signer age 18 or older. Truth in Savings Act I/We agree to the terms and conditions of the Membership and Account Agreement Truth in Savings Rate and Fee Schedule and Funds Availability Policy Disclosures, if applicable, and to any amendment you make from time to time which is incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested. I/We also</p>	<p>agree to maintain a minimum balance of \$5.00 in a share account to continue membership with Park Community. Certification of Taxpayer Identification Number and Backup Withholdings Under penalties or perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number, 2. I am not subject to backup withholdings because: a) I am exempt from backup withholding or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholdings as a result of a failure to report all interest or dividends or c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a US citizen or other US person. USA Patriot Act Federal Law requires all financial institution to obtain, verify and record information that identifies each person who open an account or creates a new member relationship as follows: name, address, birth date and other information that help us identify you. Applicants must provide two forms of ID. One must be an unexpired government issued identification evidencing nationality or residence and bearing a photograph or similar safeguard: driver's license, state picture ID, passport or alien identification card. Second identification may include military ID, employee ID, student ID, voter registration card, paycheck stub, public assistance card, Medicare/Medical card or insurance card. I/We also agree to allow the Credit Union to obtain credit report in connection with application. If you request, the Credit Union will provide the name and address of any credit bureau from which it received your credit report. I understand that Park Community may close my account(s) for cause. I have read and fully understand the terms of this agreement.</p>
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Primary Signature	Date
Joint/Custodian Signature	Date

FOR OFFICE USE ONLY

Member #		Applicant	Score	Additional Information	Override
Opening Teller #		Primary		Check Holds/Restrict Shared Branch Warnings <input type="checkbox"/>	
Opening Rep Name		Joint/Custodian		Non-qualifying Score For Selected Checking Acct <input type="checkbox"/>	
				Modifying Credit Score <input type="checkbox"/>	

Opening Rep Signature - _____