

SECTION 4- JOINT OWNER(S) DESIGNATION**JOINT OWNER # 1****AUTOMATED SERVICES:** ATM CARD(S) MASTERMONEY DEBIT CARD NO ATM ACCESSName: _____
(Last, First, Middle Initial)Home Address: _____
(No P.O. Boxes allowed) City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

Employer: _____ Occupation: _____

Driver's License or State Issued ID # _____ Issued Date: _____ Expiration Date: _____

Date of Birth: _____ SS# or Tax ID: _____

Security Questions:

Mother's Maiden Name: _____ Telephone Password: _____

Security Question: _____ Security Answer: _____

JOINT OWNER # 2**AUTOMATED SERVICES:** ATM CARD(S) MASTERMONEY DEBIT CARD NO ATM ACCESSName: _____
(Last, First, Middle Initial)Home Address: _____
(No P.O. Boxes allowed) City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

Employer: _____ Occupation: _____

Driver's License or State Issued ID # _____ Issued Date: _____ Expiration Date: _____

Date of Birth: _____ SS# or Tax ID: _____

Security Questions:

Mother's Maiden Name: _____ Telephone Password: _____

Security Question: _____ Security Answer: _____

SECTION 5- SIGNATURE(S)

I hereby make application for membership in and agree to conform to the by-laws (as amended) of POPA FEDERAL CREDIT UNION. I understand that if the information I have provided cannot be verified and/or is invalid, my membership/account ownership eligibility may be terminated/denied by the Credit Union. I acknowledge and agree that the signatures on this form control the ownership of other accounts classified as "sub accounts". I acknowledge that I have received a copy of the Credit Union's Truth-in-Savings Disclosure, Electronic Services Disclosure and Agreement, and that I have received a copy of the current Rate and Fee Schedule. All the terms, conditions and information contained in the disclosure and any amendments thereto ("Application") are by this reference incorporate in their entirety into this membership application and account agreement (application). I authorize the Credit Union to contact and inquire my references, my spouse, my employer(s), (past, present, and future) and to obtain credit reports in connection with this account and any future services provided by the Credit Union as permitted by law. I authorize the Credit Union to furnish information concerning my account and payment history with POPA FCU to credit reporting agencies. I authorize the Credit Union to pay any overdraft items and any fees for Credit Union services from funds subsequently deposited into my account. I agree to the terms and conditions of the Disclosures and Application. I understand that the Credit Union may verify all information I have given on the Application.

Member Signature: _____ Date: _____

Joint Owner #1 Signature: _____ Date: _____

Joint Owner #2 Signature: _____ Date: _____

If applicable, attach the following document(s):

A picture or copy of a government-issued identification for all the accountholders:

Teller# _____