



Membership Card / Signature Card

NEW ADD CHANGE OTHER

Account # _____

Member / Account Owner

Last Name		First Name		Middle initial	Suffix (Sr., Jr., III)
Member Number	Account Title (If Different from above such as DBA; Estate of...)			SSN or EIN	
Street Address				Date of Birth	
City	State	ZIP code	Occupation, profession or business	Employee ID #	Membership Eligibility
Mailing address (If different):					
City:		State:	Zip code:		
Identity verification method: <input type="checkbox"/> Driver's License/ State ID <input type="checkbox"/> US Military ID <input type="checkbox"/> Other _____					
Issued by: _____		Number: _____		Expiration: _____	
Home Phone	Work Phone	Cell Phone	Email Used for Contact	Text # Used for Contact	

Account(s) Requested

- Regular Share
- Back to School Club
- Share Certificate
- Secondary Share
- Checking Account
- Minor's account
- IRA Savings (No Joint)
- Other: _____
- Vacation Club
- Christmas Club
- SCUGMA Account

Service(s) Approved*

- ATM/Debit Card*
- Payroll Deduction*
- Home Banking*
- Direct Deposit*
- Bill Payment*
- Telephone Response*

* Separate application may be required for service approval

Joint Owner or Other Authorized User

- Joint Owner Trustee Custodian Other

Last Name		First Name		Middle initial	Suffix (Sr., Jr., III)
Member Number	SSN or EIN	Date of Birth	Occupation/ profession/ business	Employee ID #	
Street Address			City	State	ZIP code
Mailing address (If different):					
City:		State:	Zip code:		
Identity verification method: <input type="checkbox"/> Driver's License/ State ID <input type="checkbox"/> US Military ID <input type="checkbox"/> Other _____					
Issued by: _____		Number: _____		Expiration: _____	
Home Phone	Work Phone	Cell Phone	Email	Membership Eligibility	

Joint Owner or Other Authorized User

- Joint Owner Trustee Custodian Other

Last Name		First Name		Middle initial	Suffix (Sr., Jr., III)
Member Number	SSN or EIN	Date of Birth	Occupation/ profession/ business	Employee ID #	
Street Address			City	State	ZIP code
Mailing address (If different):					
City:		State:	Zip code:		
Identity verification method: <input type="checkbox"/> Driver's License/ State ID <input type="checkbox"/> US Military ID <input type="checkbox"/> Other _____					
Issued by: _____		Number: _____		Expiration: _____	
Home Phone	Work Phone	Cell Phone	Email	Membership Eligibility	

See Page Two of this application for agreements and certification to PHCU and the Federal Government.

ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED)

The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations. This designation applies to all accounts listed above or on any change forms/documents.

PAYABLE ON DEATH (POD) – BENEFICIARIES

The POD designations below only apply to the Account(s) listed on the Reverse side. I/we understand that i/we can individually or jointly withdraw the money in these accounts during my/our lifetime. If any beneficiary is not living, funds shall be paid as expressly stated in the MAAD; unless otherwise required by applicable state law.

Payable on Death - Beneficiaries

#1	Last Name	First Name	Middle initial	Suffix
Street Address		City	State	ZIP code
Relationship	SSN or EIN	Date of Birth	Percentile (as applicable) _____ %	
#2	Last Name	First Name	Middle initial	Suffix
Street Address		City	State	ZIP code
Relationship	SSN or EIN	Date of Birth	Percentile (as applicable) _____ %	
#3	Last Name	First Name	Middle initial	Suffix
Street Address		City	State	ZIP code
Relationship	SSN or EIN	Date of Birth	Percentile (as applicable) _____ %	

Authorization, Certification, Consent and Agreement

CONSENT AND AGREEMENT

Each applicant, authorized user or other party signing below (together herein referred to as "applicant(s)") hereby makes application for the account(s)/services and/or membership as indicated and agrees to conform to the Bylaws, as amended, of Palmetto Health Credit Union (PHCU). I certify that I am within the field of membership of PHCU if membership is requested. I certify the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. I also acknowledge that I have received and agree to be bound by any terms and conditions in this card, and in the Membership Booklet, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. I consent that PHCU may undertake to verify my eligibility for any account(s) and service(s) now and in the future. In addition, I authorize PHCU to make inquiry to determine my employment history and to obtain information concerning any accounts with other institutions and my credit history, including any credit reports. I specifically consent that PHCU may report information concerning my account(s) services to others; and may provide the reasons should it be determined I am ineligible for any services or to be an authorized person/user to the other applicants. **I acknowledge that all present and future deposits to the account(s) designated above secure payment of any account owner's obligations to PHCU.** This card authorizes PHCU to open future sub-accounts and/or services in the names of the owners or Account Title listed above. If any representative capacity is indicated on this card, PHCU shall provide all statements, notices and other information only to the person designated as having authority (e.g., a "trustee").

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES

The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding below. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING

W-9 Certification – If depositor is a U.S. Citizen or Resident Alien Under Penalties of Perjury: I/we certify (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding under federal laws, or (b) I have not been notified by the IRS that I am subject to backup withholding 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 U.S. person (including a U.S. resident alien). Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return; and (4) **APPLIES TO ACCOUNTS MAINTAINED OUTSIDE THE US** – I/we am exempt from FATCA Reporting in the Foreign Account Tax Compliance Act (Generally, the Act requires US persons living outside the US to report their accounts held outside of the US).

W-8 Certification – If depositor is foreign person or entity: Certification is provided on a separate document.

AUTHORIZED SIGNATURES

BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN AND ON THE REVERSE SIDE OF THIS CARD. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with identity verification requirements of the Bank Secrecy Act, as amended from time to time. Transactions to/from any accounts may be limited until ID verification of all persons is completed. **COMMUNICATIONS CONSENT:** If a cell number or text contact (together "contact") is provided above; or if I/we later provide such to PHCU via other communications including online banking or social media, I/we consent and agree that PHCU may use this contact to provide information to me/us about my/our accounts and services, to reply to any inquiry, or to provide other information via calling; texting or otherwise. This contact me be by dialing the cell phone, auto dialer, text or robo text methods. I/we understand that this consent is not required to obtain any loan or service from PHCU. I/we understand that I am not required to provide my consent as a condition of receiving any service from PHCU, and that I/we have the right to revoke consent for any and all contacts provided at any time.

1. _____ Signature	_____ Date	3. _____ Signature	_____ Date
2. _____ Signature	_____ Date		