

WWW.PDX8FCU.ORG | 503.223.9306

USA Patriot Act Notice: 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. We will also ask to see your driver's license or other identifying documents.

SELECT THE PRODUCTS & SERVICES YOU WOULD LIKE TO ADD WITH YOUR MEMBERSHIP

- | | | |
|---|--|--|
| <input type="checkbox"/> REGULAR CHECKING | <input type="checkbox"/> MONEY MARKET ACCOUNT | <input type="checkbox"/> DIRECT DEPOSIT
<i>WE'LL HELP YOU GET SET UP!</i> |
| <input type="checkbox"/> GOLD CHECKING (\$7.50 MONTHLY FEE) | <input type="checkbox"/> ONLINE/MOBILE BANKING | |
| <input type="checkbox"/> FREE DEBIT CARD | <input type="checkbox"/> E-STATEMENTS | |
| <input type="checkbox"/> CHECKS (4 FREE TEMP. CHECKS) | <input type="checkbox"/> OVERDRAFT PROTECTION (\$5.00 FEE IF USED) | |

PRIMARY OWNER

FIRST NAME	MIDDLE	LAST	SUFFIX
SOCIAL SECURITY NO. (TIN)		DATE OF BIRTH	DRIVER LICENSE OR ID NO.
PHYSICAL HOME ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT THAN HOME)	CITY	STATE	ZIP CODE
EMAIL ADDRESS		CELL PHONE	
EMPLOYER		OCCUPATION	

MEMBERSHIP ELIGIBILITY

- EMPLOYER (NOTED ABOVE)
 OTHER MEMBER (NAME) _____
- OTHER _____
 RELATIONSHIP/ACCT. NO. _____

JOINT OWNER

FIRST NAME	MIDDLE	LAST	SUFFIX
SOCIAL SECURITY NO. (TIN)		DATE OF BIRTH	DRIVER LICENSE OR ID NO.
HOME ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
EMAIL ADDRESS		CELL PHONE	
EMPLOYER		OCCUPATION	

PAY-ON-DEATH ACCOUNT (P.O.D.)/BENEFICIARY INFORMATION

Upon the death of the last surviving owner of a pay-on-death account, any sums remaining belong to the designated pay-on-death (P.O.D.) payee or payees surviving the owner in equal and undivided shares unless otherwise provided on the Account Card. Joint owners should not be named as P.O.D. beneficiaries. Pay-on-death payee designation applies to all accounts I open on the Card unless otherwise indicated in writing. Please attach additional payees on separate sheet.

BENEFICIARY NAME	DATE OF BIRTH	BENEFICIARY SOCIAL SECURITY NO.
BENEFICIARY ADDRESS	BENEFICIARY EMAIL	BENEFICIARY PHONE NO.

ADDITIONAL LOAN INTEREST

Please contact me. I am interested in learning more about the following loan products:

AUTO LOAN MOTORCYCLE/TOY LOAN CREDIT CARD PERSONAL LOAN HOME LOANS OTHER _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer information number (or I am waiting for a number to be issued), and
- (2) I am not subject to backup withholding 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 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement and Disclosure. I declare under penalty of perjury that all information provided is true and correct.

Primary Member Signature **Date** **Joint Owner Signature** **Date**

HOW TO OPEN YOUR ACCOUNT:

Simply complete and submit the application along with the following items:

- A photo copy of your Identification (valid driver’s license, passport, or state ID).
- A copy of either your Employee ID or current paycheck stub for eligibility.
- Your \$5 initial share deposit. This par value represents your share of ownership in the credit union. You can pay by cash, check, money order, PMA/Direct Deposit, or Debit Card (\$10 fee).

Submit this application and the above items to:

Portland Local 8 Federal Credit Union
 2435 NW Front Avenue, Suite A
 Portland, Oregon 97209



You can also call or text 503.223.9306 to submit via phone!

CREDIT UNION USE ONLY

PROCESSED BY: _____ PROCESSING DATE: _____ AUDITED BY: _____
 CREDIT REPORT AUDIO ACCESS TELLER NO.: _____
 DEBIT CARD ORDER ONLINE AND MOBILE BANKING DATE AUDITED: _____

ACCT FUNDING: AMOUNT \$ _____ CASH CHECK PMA/DIRECT DEPOSIT MONEY ORDER
 DEBIT CARD (\$10 FEE) ACCT. TRANSFER
 MEMBER NUMBER: _____ LAST 4 # ON CARD _____ TRANSFER FROM (ACCT. #): _____

