

# Additional Services Application Card Account # \_\_\_\_\_

## Important Information About Procedures For Opening A New Account

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 may also ask to see your driver's license or other identifying documents.

Complete this Application Card below and bring it along with required proof of identity for all account holders to the Credit Union. If a joint member is added to a savings account, the minimum balance requirement is \$10.

### Primary Owner

(Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_

Tax ID or Soc. Sec. No. \_\_\_\_\_ Princeton University ID No.\* \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Work E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

\*If Applicable

### Joint Owner/Member

(Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tax ID or Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Work E-Mail \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Relationship to Primary Owner \_\_\_\_\_

To add an additional sub-account please complete the "Primary Owner" and "Joint Owner/Member" (if applicable) sections on the reverse side, check the appropriate box and sign below.

Checking Account\*    Money Market Account\*    Other \_\_\_\_\_

To add a  Joint Owner or  Joint Member to an existing account please complete both the "Primary Owner" and the "Joint Owner/Member" sections on the reverse side and check the appropriate box. Both the Primary Owner and Joint Owner/Member must sign below.

Savings Account    Checking Account\*    Money Market Account\*    Other \_\_\_\_\_

\*I do not want overdraft protection from my savings account. \_\_\_\_\_ (initial here)

I would like to have an  ATM Card or  VISA Debit Card for  Account Owner  Joint Owner and/or  Joint Member.

Each person will be required to provide two (2) forms of identification (at least one form of identification must be classified as "Documentary") from the following:

#### Documentary

Valid Driver's License

Valid Passport

Valid Government Issued ID

Valid Military ID

#### Non-Documentary

Employee Photo ID Card

Social Security Card

Bank or Financial Statement

Insurance Card

Vehicle Registration

Utility Bill

AUTHORIZATION: By signing below, I/we agree to the terms and conditions of the Membership Account Agreement, Rate and Fee Schedule, and to any amendment the credit union makes from time to time as incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. By signing below, I/we hereby make application to Princeton Federal Credit Union to check my/our credit history for any reason, including verification of the information on this application. I/We understand I/we will receive all product/service disclosures after my/our application is approved, and that some services require credit approval.

Primary Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner/Member Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Credit Union Use Only

#### Member Verification

Driver's License    Passport    Alien ID

Other \_\_\_\_\_

Location of ID Issuance (Federal, State, County) \_\_\_\_\_

ID Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_