



**PARSONS FEDERAL CREDIT UNION**  
 100 W. Walnut Street ~ Pasadena, CA 91124  
 P.O. Box 90667 ~ Pasadena, CA 91109-0667  
 626-440-7000 ~ 800-765-4527  
 www.parsonsfcu.org

**MEMBERSHIP INVITATION**

ACCOUNT NUMBER

**MEMBERSHIP ELIGIBILITY** I am an employee of: \_\_\_\_\_  
 I am a relative of a PFCU Member:  
 Name of Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

*Please print clearly or type your information. Complete all appropriate sections and sign where indicated.  
 Please include a photocopy of each account holder's government issued photo identification.*

**OWNERSHIP TYPE** Individual Payable On Death/Totten Trust (Please attach Payable on Death Beneficiary Designation Form.)  
 Joint Youth Account - (Circle One) Young Adult / University Account

**PRIMARY OWNER**

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_ Account Password \_\_\_\_\_  
 Driver License/Identification Number \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Residence Address (if different than Mailing Address) \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation/Position \_\_\_\_\_ Work Telephone \_\_\_\_\_

**JOINT OWNER**

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_ Account Password \_\_\_\_\_  
 Driver License/Identification Number \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Residence Address (if different than Mailing Address) \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation/Position \_\_\_\_\_ Work Telephone \_\_\_\_\_

**SELECT SERVICES**

Membership Fee (One Time Fee).....	\$	\$1.00
Regular Share Savings (Required for membership).....	\$	\$25.00
Checking Account (No minimum deposit requirement - complete Overdraft section below).....	\$	
Visa Debit Card (Checking Account required).....	\$	FREE
ATM Card (Accesses Share Savings Only \$5 annual fee).....	\$	\$5.00
Holiday Club Account.....	\$	

**TOTAL INITIAL DEPOSIT ENCLOSED \$** \_\_\_\_\_

**ADDITIONAL SERVICES**

CU Online Home Banking E-Statements MemberPay Bill Pay Mobile Banking eDeposit PARS Telephone Banking

**PLEASE PAY ANY OVERDRAFTS FROM THE FOLLOWING ACCOUNTS:**

Regular Share Account Only Line of Credit Loan\* First from Regular Share Account, then from Line of Credit Loan\* First from Line of Credit Loan,\* then from Regular Share Account

\*Subject to Credit Approval

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION:** Under penalty of perjury, I certify that: (1) The number shown on this form (S.S.N./TIN) is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), 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 notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen (including U.S. resident alien). Certification Instructions: I must cross out item 2 above if I have been notified by the IRS that I am currently subject to backup withholding because I failed to report all interest and dividends on my tax return.

**ACKNOWLEDGEMENT & SIGNATURE:** I/We acknowledge that I/We have read and agree to be bound by the Agreement provided with this application. I hereby make application in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of Parsons Federal Credit Union. My signature below and use of the account will confirm my agreement to be bound and my acceptance of the Agreement provided with this application.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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

**FOR CREDIT UNION USE ONLY**

Membership Officer: _____	Date _____	OFAC _____	CHEX SYSTEMS
			STATE/YEAR