



# FRATERNAL ORDER OF POLICE CREDIT UNION

## Fraternat Order of Police Credit Union - Membership Application

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Designate the Ownership /  
Responsibility for the  
Account:

Individual

Joint Account with Survivorship

### Primary Account Owner Information

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FOP Lodge Number:

First Name:

Middle Initial:

Last Name:

SSN / TIN:

Date of Birth:

### Primary Account Owner Information - *Cont'd*

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### Home Address Information

Address Line 1

Address Line 2

City:

State:

ZIP Code:

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### Phone Numbers and E-mail Address

Home Phone:

Cell Phone:

Work Phone:

Owner E-mail:

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### **Employment Information**

Employer:

Occupation / Job Title:

Employed since:

### **First Joint Account Owner Information**

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First Name:

Middle Initial:

Last Name:

SSN / TIN:

Date of Birth:

Relationship to Primary  
Account Owner

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### **Phone Numbers and E-mail Address**

Home Phone:

Cell Phone:

Work Phone:

1st Joint Owner 1 E-mail:

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### **Employment Information**

Employer:

Occupation / Job Title:

Employed since:

## Second Joint Account Owner Information

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First Name:

Middle Initial:

Last Name:

SSN / TIN:

Date of Birth:

Relationship to Primary  
Account Owner

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## Phone Numbers and E-mail Address

Home Phone:

Cell Phone:

Work Phone:

2nd Joint Owner E-mail:

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## Employment Information

Employer:

Occupation / Job Title:

Employed since:

## Payable on Death(POD) Beneficiary / Payee

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1st Beneficiary/POD Payee:

Address:

2nd Beneficiary/POD Payee:

Address:

## Optional Account Services

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Setup Payroll Deduction?:

Employer's Name:

Deduction Amount:

I have this day authorized the payroll department to deduct the following amount from my pay each period until further notice from me.

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**Access your funds through the use of ATM and/or Point of Sale(POS)\* purchases wherever VISA is accepted** \*POS transactions require an open & funded Electronic Checking Account

**A Debit Card will be automatically issued to the Primary Owner**

Second Debit Card?:      YES, please issue a Debit Card to the Joint Owner

Joint Owner Name:

## SSN/TIN Certification and Backup Withholding Information

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(A) By signing below, I certify under penalties of perjury that (1) the Taxpayer Identification Number(TIN) shown on this Membership Application Form is my correct TIN and I am not subject to backup withholding either because (a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends or (b) the IRS has notified me that I am no longer subject to backup withholding.

(B) I am not a U.S. Person or U.S. Resident Alien. (Complete/submit a separate form W-8 Ben)

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## Agreement and Authorization

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By signing below, I/we agree to Fraternal Order of Police Credit Union's by-laws and 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/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or Electronic Funds Transfer (EFT) service is required and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

I/We hereby authorize Fraternal Order of Police Credit Union to verify credit and employment history by any necessary means, including access of a consumer credit report from any consumer reporting agency for any information it deems necessary for approval of this application as well as any credit products requested now or in the future. This signature applies to all accounts under my/our name(s) at Fraternal Order of Police Credit Union. In Compliance with the USA Patriot Act, I understand Fraternal Order of Police Credit Union is required to obtain and verify identification provided for all new account owners and joint owners, using methods permitted by law.

Joint Owner Agreement: Fraternal Order of Police Credit Union is hereby authorized to recognize any of the signatures subscribed hereof in the payment of funds or the transaction of any business for this account. Any or all of said Joint Owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the Credit Union.

Upon issue of a Personal Identification Number (PIN), this number should be memorized. **DO NOT** write it on your card or keep in your wallet/purse. After memorizing it, you should destroy it. Your accounts can be accessed by the use of the card with the PIN. If you forget your PIN, contact the Credit Union and we will issue you a new one. By the signing of this application, I acknowledge that I understand the use of my PIN/Password has the same legal effect as my written signature. I further understand that I am responsible for all transactions made through internet home-banking/bill-pay and if I disclose my PIN/Password to anyone, I am aware they have access to all of my accounts and that I am responsible for his/her transactions.

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

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Type your name as your  
signature to this  
application: