



7905 Malcolm Road - Suite 311  
 Clinton, MD 20735  
 (800) USPS-FCU (877-7328) Fax: (301) 856-4061

# Membership Application

## MEMBERSHIP INFORMATION

Will there be a joint member on this application?    No    Yes - complete the JOINT APPLICANT section

Membership Eligibility:

I work for - Name of employer: \_\_\_\_\_

I am related to a member - Name of relative & relation: \_\_\_\_\_

I am a member of: \_\_\_\_\_

Other: \_\_\_\_\_

## PRIMARY APPLICANT

|                      |                         |           |  |       |                     |
|----------------------|-------------------------|-----------|--|-------|---------------------|
| FIRST NAME           |                         | LAST NAME |  |       | MI                  |
| DATE OF BIRTH        | SOCIAL SECURITY NUMBER  |           | PHYSICAL ADDRESS (DO NOT ENTER P.O. BOX OR MAILING ADDRESS HERE - ENTER BELOW) |       |                     |
| MOTHER'S MAIDEN NAME | DRIVER'S LICENSE NUMBER |           | CITY   | STATE | ZIP                 |
| HOME PHONE           | WORK PHONE/EXT.         |           | OWN  | RENT  | LENGTH AT RESIDENCE |
| CELL PHONE           | EMAIL ADDRESS           |           | P.O. BOX OR MAILING ADDRESS (IF DIFFERENT THAN YOUR PHYSICAL ADDRESS)          |       |                     |

## PRESENT EMPLOYER

|                              |             |           |                               |
|------------------------------|-------------|-----------|-------------------------------|
| NAME AND ADDRESS OF EMPLOYER |             |           |                               |
| PHONE                        | YEARS THERE | JOB TITLE | ANNUAL NET SALARY/WAGES<br>\$ |

## MEMBER ID PASSWORD

Choose 6 digits for phone or other transaction verification.  
 Numbers 0-9, letters A-Z

## JOINT APPLICANT

|                      |                         |            |                            |       |                     |
|----------------------|-------------------------|------------|----------------------------|-------|---------------------|
| LAST NAME            |                         | FIRST NAME |                            |       | MI                  |
| DATE OF BIRTH        | SOCIAL SECURITY NUMBER  |            | PHYSICAL STREET ADDRESS    |       |                     |
| MOTHER'S MAIDEN NAME | DRIVER'S LICENSE NUMBER |            | CITY                       | STATE | ZIP                 |
| HOME PHONE           | WORK PHONE/EXT.         |            | OWN                        | RENT  | LENGTH AT RESIDENCE |
| CELL PHONE           | EMAIL ADDRESS           |            | RELATION TO PRIMARY MEMBER |       |                     |

## PRESENT EMPLOYER

|                              |             |           |                           |
|------------------------------|-------------|-----------|---------------------------|
| NAME AND ADDRESS OF EMPLOYER |             |           |                           |
| PHONE                        | YEARS THERE | JOB TITLE | ANNUAL SALARY/WAGES<br>\$ |

## HOW DID YOU HEAR ABOUT US?

Work    Member Drive    Friend/Family    Convention/Conference    Publication    Web Search    Social Media    Postcard

**ALL QUESTIONS MUST BE ANSWERED TO COMPLETE APPLICATION AND AVOID DELAYS IN OPENING ACCOUNT**

Are you a frequent traveler?

No

Yes

If Yes: Do you frequently travel outside of the United States?

No

Yes - Please list all countries to which you frequently travel: \_\_\_\_\_  
\_\_\_\_\_

Will your initial deposit exceed \$5000?

No

Yes - What is the source of your funds? \_\_\_\_\_

Will you deposit or write checks?

No

Yes - Will any of your deposits be made via a mobile device such as a smartphone or tablet?

Yes

No

Will you deposit or withdraw cash in-person or via an ATM?

No

Yes - Approximately how much will you deposit/withdraw each month? \_\_\_\_\_

Will you be sending or receiving wire transactions?

No

Yes - What is the monthly total of wire transactions you expect to send? \_\_\_\_\_

What is the monthly total of wire transactions you expect to receive? \_\_\_\_\_

Will you be receiving wires from outside of the USA?      Yes      No

If Yes: Please list all countries from which you expect to receive a wire transaction:  
\_\_\_\_\_

Will you send or receive money electronically? Examples of this would be direct deposit of payroll, electronic payment to a creditor, or payments sent using BillPayer.

No

Yes - What is the monthly total of ACH/non-wire transactions you expect to send? \_\_\_\_\_

What is the monthly total of ACH/non-wire transactions you expect to receive? \_\_\_\_\_

Will you be sending or receiving ACH/non-wire transactions from outside the USA?

Yes

No

If Yes: Please list all countries to or from which you expect to send or receive ACH/non-wire transactions: \_\_\_\_\_



7905 Malcolm Road - Suite 311  
 Clinton, MD 20735  
 (800) USPS-FCU (877-7328) Fax: (301) 856-4061

# Membership Application

## ADDITIONAL SERVICES

Check all the services you would like when you join:

- |                             |   |   |
|-----------------------------|---|---|
| Interest Checking           | Overdraft Line of Credit*                             | QUE Telephone Teller                    |
| Money Market Checking       | Transfer from Savings**, then Approved Line of Credit | CU E-MAIL                               |
| Access Checking             | Transfer from Approved Line of Credit, then Savings** | POD/TOD Beneficiary Designation         |
| Virtual Branch Home Banking | VISA Check Card                                       | (See Credit Union for Beneficiary Form) |
| Online BillPayer Service    |   |   |

\* On approved credit  
 \*\* Transfer fee will be assessed. See current schedule of fees at uspsfcu.org.

## INITIAL DEPOSIT INFORMATION

## PICK YOUR PIN

SAVINGS ACCOUNT: I have enclosed \$ \_\_\_\_\_  
 Minimum \$10 initial deposit (Membership fee \$5, initial Savings Account deposit of \$5 or more)

CHECKING ACCOUNT: I have enclosed \$ \_\_\_\_\_  
 Minimum \$10 initial deposit (Membership fee \$5, initial Savings Account deposit of \$5 or more)

**TOTAL ENCLOSED:** \$ \_\_\_\_\_      Check      Money Order (no cash)

Personal Identification Number to be used for  
 QUE 24/7 Telephone Teller

NUMBERS ONLY  
 (All PINs are the same for any Co-Owner)

I/We hereby make application for membership in U. S. Postal Service Federal Credit Union (USPS FCU) and agree to conform to account terms and conditions within the Account Agreement and Disclosures. **I/We understand that a service charge will be deducted from my/our account each month if a \$250 combined minimum balance is not maintained after the first six months of membership.** Under penalties of perjury, I certify: 1) That the Social Security number shown on this form is my correct ID number; 2) That I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. **IMPORTANT** – If you have been notified by the IRS that you are subject to backup withholding, strike through part (2) of the above certification. By signing below, I/we hereby make application to USPS FCU to check my credit history for any reason, including verification of the information on this application.

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. **Your membership application must be accompanied by a copy of a valid U.S. Government issued photo ID (driver's license, passport, or military ID). For proof of eligibility, provide a copy of your USPS employee photo ID, or your most recent employer payroll check stub, or Membership ID card from the Select Group you belong to.**

## SIGNATURE(S)

By completing and submitting this document, I/we agree to be bound by the terms and conditions of the Credit Union's Terms and Conditions of Your Account, Rate and Fee Schedule, Truth-In-Savings Disclosure, Funds Availability Disclosure and Electronic Funds Transfer Disclosure Statement and Agreement.

\_\_\_\_\_  
 PRIMARY APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 JOINT APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE

## FOR CREDIT UNION USE ONLY

**Approved**      **Declined:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Processed By:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Member Officer:** \_\_\_\_\_      **Date:** \_\_\_\_\_

## Overdraft Line Of Credit Disclosure

- 1. When Your Finance Charge Begins** – Use of your Overdraft Line of Credit Account will result in a Finance Charge. For each transaction, the Finance Charge will begin from the day your account is debited.
- 2. How Your Balance Is Determined** – The balance used to compute the Finance Charge is the actual outstanding principal balance each day after credits are subtracted and new advances or other charges are added.
- 3. How The Finance Charge Is Determined** – The Finance Charge is calculated by applying a daily periodic rate to the unpaid balance for the actual time the balance remains unpaid. The daily periodic rate equals the ANNUAL PERCENTAGE RATE divided by the days of the year.
- 4. How The Rate Is Determined** – The Annual Percentage Rate (APR) for the Overdraft Protection Line of Credit will be 13.90% above the Prime Rate Index as published in the Federal Reserve Statistical Release Selected Interest Rates, and in effect on the 15th day of the previous month but will not exceed 18.00%. The interest rate will change in the first month following the index publication date. Any increase in the APR will take the form of more payments of the same amount until what you owe has been repaid.
- 5. Your Minimum Payment Requirement** – 4.00% of the loan amount each month or \$40.00, whichever is greater.

## Joint Ownership

A Credit Union member (primary owner) may make his or her account joint with a second party who may or may not also be a member of the Credit Union. Both parties may make deposits and withdrawals on the account. In the event of the death of the primary owner—when a joint owner has been named—the funds in the account will be made payable to the joint owner. Without a joint owner, the funds must be made payable to the deceased members' estate. Members may be joint owners on more than one Credit Union account.

All Credit Union accounts may have more than one joint owner. A joint account at the Credit Union is held as a Joint Account With Survivorship. Therefore on the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.

## Statutory Lien

Federal law grants us the right to impress a lien on all funds in any account that you have at the Credit Union if you are in default on a financial obligation with us. We may exercise this right without further notice to you. This lien applies to all accounts, except as prohibited by law, that you have with the Credit Union, including accounts which you hold jointly with another person.

## Virginia And North Carolina Designations

Joint Account—With Survivorship: On the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Joint Account—No Survivorship: On the death of a party to the account, the deceased party's ownership in the account passes as part of the party's estate under the party's will, trust, or by intestacy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By initialing, you are granting a security interest for credit card advances in any present and future share or deposit account in the Credit Union in which you have an interest.

Initial: \_\_\_\_\_



Thank you for choosing the U. S. Postal Service Federal Credit Union for your financial needs. Before returning the Membership Application, ***be sure to include all the following:***

1. Completed application.
2. Copy of **Valid** government issued photo ID (such as a driver's license or passport) **of all persons listed on application.**
3. Copy of your most recent pay stub or USPS employee ID badge. **If being referred by a USPS FCU member**, include their name and contact number.

\*If with **APS** please attach copy of Membership ID Card or Membership Number.

\*If with **SEG (Select Employer Group)** please attach a copy of most recent paystub

4. Check or money order for at least \$10.00

**For Youth Accounts (All Persons under the age of 18), there needs to be an Adult as joint on the Account. The proper Youth Account application should be completed according to the age of the child.**

1. Completed Application.
2. A birth certificate and/or a government issued social security card.
3. Check or Money Order for \$10.00.

**\*\*\*Adding Beneficiaries: TOD/ POD/ IRA or POA\*\*\***

Include an updated Identification Card or Driver's License of Beneficiaries being added to the various Account types along with completed [proper USPS FCU forms](#) (located on USPSFCU.org or available to be sent by Personal Service Representatives 1-800-877-7328 or 301-856-5000)

**We appreciate your interest in the Credit Union!**