



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

# Checking & E-Services Application

ACCOUNT NUMBER: \_\_\_\_\_

## PRIMARY APPLICANT

LAST NAME		FIRST NAME		MI
DATE OF BIRTH	SOCIAL SECURITY NUMBER	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			

## PRESENT EMPLOYER

NAME AND ADDRESS OF EMPLOYER			
PHONE	YEARS THERE	JOB TITLE	ANNUAL SALARY/WAGES \$

## MEMBER SECURITY CODE

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

## JOINT APPLICANT

LAST NAME		FIRST NAME		MI
DATE OF BIRTH	SOCIAL SECURITY NUMBER	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 \$

## ADDITIONAL SERVICES

Add Joint Owner	Money Market Checking	VISA Check Card
Interest Checking	Overdraft Line of Credit*	QUE Telephone Teller
Access Checking	Transfer from Savings**, then Approved Line of Credit**	Personal Identification Number to be used for QUE 24/7 Telephone Teller
Virtual Branch Home Banking	Transfer from Approved Line of Credit, then Savings	
Online BillPayer Service	* On approved credit ** Transfer fee will be assessed. See current schedule of fees.	NUMBERS ONLY (All PINs are the same for any Co-Owner)

## SIGNATURE(S)

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Available Policy Disclosure. If an access card or Electronic Funds Transfer (EFT) service is requested and provided, I/we agree to the terms of and acknowledge receipt of EFT. 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 USPS FCU to check my 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. I/we agree that I/we have read and agree to all terms and conditions.

_____ PRIMARY APPLICANT'S SIGNATURE	_____ DATE	_____ JOINT APPLICANT'S SIGNATURE	_____ DATE
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