



Thank you for choosing the U. S. Postal Service Federal Credit Union for your financial needs. **To help expedite your membership request, please review the following checklist for all items required:**

1. **Membership Application:** completed and signed application
2. **Identification:** copy of valid government issued photo ID (such as a driver's license or passport) for all persons listed on application
3. **Proof of Eligibility:** copy of your most recent pay stub or USPS employee ID badge. If referred by a USPS FCU member, please include their name and contact number

\*For eligibility via **APS**, please attach copy of membership ID card or membership number.

\*For eligibility via a **SEG (Select Employer Group)**, please attach a copy of most recent paystub.

4. **Opening Deposit:** check or money order in the amount of \$10.00 minimum payable to **USPS FCU**.

Youth Accounts for all persons under the age of 18 must list an adult as joint owner on the membership request. Please follow the checklist above and note acceptable identification for minors include: copy of birth certificate or social security card.

**Please mail your membership request to: USPS FCU**  
7905 Malcolm Road, Suite 311  
Clinton MD 20735

**Thank you for your interest in USPS FCU!**



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 \$

## 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 \$

## 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: \_\_\_\_\_



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# 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: \_\_\_\_\_