



New Member Account Application

PURDUE PAYROLL ACCOUNT

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: 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. What this means for you: 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. We will also copy your driver's license or other government-issued identifying documents.

DEBIT CARD PICK UP

Please select where you prefer to pick up your PEFCU debit card.

Mail card to address listed below: (circle) LOCAL or PERMANENT

Pick up card at a PEFCU location: (circle one)

Northwestern Ave. Purdue Memorial Union
PEFCU Financial Mail

We will e-mail you when your account is open.

PRIMARY ACCOUNT HOLDER INFORMATION

I hereby make application for membership in and agree to conform to the bylaws and amendments of Purdue Employees Federal Credit Union. I am an employee of Purdue University.

Member Full Name _____
SSN/TIN # _____ Date of Birth ____/____/____

LOCAL ADDRESS

Street Address _____
Mailing Address _____
City _____ State _____ Zip _____
Phone: Home (____) _____ Work (____) _____
Cell (____) _____
E-mail Address _____

PERMANENT ADDRESS (if different from above)

Street Address _____
Mailing Address _____
City _____ State _____ Zip _____
Phone: Home (____) _____ Cell (____) _____
E-mail Address _____
Mother's Maiden Name _____

TIN CERTIFICATION & BACKUP WITHHOLDING INFORMATION

By signing below, I certify in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

- I am subject to backup withholding
- I am exempt
- I am not a United States citizen (complete W-8 form)

AUTHORIZATION

By signing below, I agree to the terms and conditions disclosed in the Guide to Member Services, Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which is incorporated herein. I acknowledge receipt of a copy of the Agreement and Disclosures applicable to the account requested herein. I understand a debit card will be provided and I agree to the terms of the Regulation E Disclosure included in the Membership and Account Agreement describing my rights and liabilities concerning ELECTRONIC AND AUTOMATED TRANSACTIONS. I understand that this account will be automatically enrolled for eStatements via online banking and a paper statement will not be mailed. I understand that if an overdraft occurs using my debit card, I will be liable for all collection expenses, including attorney fees and court costs. The Credit Union reserves the right to sue for three times the amount of the overdraft and NSF fees. I understand that the debit card is the property of Purdue Employees Federal Credit Union and may be revoked at any time. I further understand that upon notification of bankruptcy, the Credit Union may revoke my ATM privileges immediately and without notice. The debit card must be surrendered upon demand. The Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding.

X _____
Signature _____ Date _____

You must be 18 years of age, or have parental consent, to receive plastics on this account.

FOR CREDIT UNION USE ONLY

ACCOUNT NUMBER: _____

IDENTIFICATION INFORMATION: Primary Account Holder

Identification Type: _____ Country Issued: _____
Documentation No: _____ Issued Date: _____
Expiration Date: _____ Secondary ID: _____
ID Verification/Approval Date: _____ Exp. Date: _____
ID Verification/Approval Level: _____ Approval Code: _____

Dept/Member Code _____ Date of Membership _____

Chex Systems Approval Code _____

Chex Systems Level _____

I acknowledge verifying applicants' identity and following procedures:

Employee Signature _____

Approved By _____

Purdue Employees Federal Credit Union
P.O. Box 1950, West Lafayette, IN 47996-1950
765.497.3328 / 800.627.3328
www.purduefcu.com

