



Application for Membership and Electronic Services

INSTRUCTIONS:

1. Complete, print and sign this form.
2. Include a check or money order for at least the minimum initial required deposits:
 - \$25.00 Savings (required account)
 - \$25.00 Christmas Club
 - \$25.00 Youth Account
 - \$25.00 any Checking AccountFor checking accounts that have a minimum balance requirement, no service charges will be implemented until the end of the first whole month.
3. Include a copy of your driver's license.
4. If eligible through your employer, include a copy of a company-issued ID badge or recent paycheck stub.
5. Enclose in an envelope and mail to:
 - PrimeWay Federal Credit Union
 - P.O. Box 53088
 - Houston, TX 77052-3088
6. Don't forget the stamp!



PrimeWay Federal Credit Union
 P.O. Box 53088
 Houston, TX 77052-3088
 (713) 799-6200 (800) 554-5690

MEMBERSHIP AND ACCOUNT APPLICATION AND ACCOUNT CARD

Check One:	New Application	Change in Account
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PLEASE TELL US ABOUT YOURSELF

I WOULD LIKE TO OPEN THE FOLLOWING ACCOUNT:			Credit Union Use Only: Member No. _____ Account No. _____	
Primary Savings Account	Non-interest Savings Account	Miscellaneous Savings Account		
Christmas Club Account	Money Market Account	Elite Checking		
Free Checking	Premier Checking	PPC Savings		
Prime	Prime Pay			
Certificate with the following term: __ months __ months __ months				
Jumbo Certificate with the following term: 6 months 12 months				
12 Month Youth Club Certificate				

I AM:

An Existing Member. My member or account number is: _____

A New Member. I qualify for membership because I:

reside work worship I attend school in the City of Houston, Fort Bend, Harris, or Washington Counties

I am an immediate family member of a current member

Current member name: _____ Relationship to current member: _____

I am employed at one of the following companies: _____

I AM THE PRIMARY ACCOUNT OWNER. MY INFORMATION IS AS FOLLOWS: (existing members need only complete name & SSN)

LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME	
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)				APT/UNIT #	CITY	STATE	ZIP
YEARS AT RESIDENCE	RENT	OWN	MONTHLY PAYMENT \$	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH	
I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: Government-issued ID Card, No. _____, State: _____ U.S. Military ID Card, No. _____ U.S. Passport, No. _____ Permanent Resident Card, No. _____ Other, Describe: _____							
EMPLOYER'S NAME AND ADDRESS				POSITION/TITLE	GROSS MONTHLY SALARY	OCCUPATION	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS			

I WOULD LIKE THE FOLLOWING JOINT OWNER ON MY ACCOUNT (do not complete if you will be the only owner on the account):

LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME	
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)				APT/UNIT #	CITY	STATE	ZIP
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EMPLOYER'S NAME AND ADDRESS				POSITION/TITLE	GROSS MONTHLY SALARY	OCCUPATION	
HOME PHONE NUMBER	CELL PHONE NUMBER		WORK PHONE NUMBER	HOME E-MAIL ADDRESS		WORK E-MAIL ADDRESS	
IF YOU HAVE ADDITIONAL JOINT OWNERS, PLEASE ATTACH A SEPARATE SHEET WITH THE REQUESTED INFORMATION. ALL JOINT OWNERS MUST SIGN THIS APPLICATION.							

(Optional) I would like the following Payable-on-Death Beneficiary, who will receive the funds in this account if I die (or, on a joint account, when all joint owners die):					
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NO.
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NO.
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NO.
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NO.
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NO.

ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:		
Plastic Access Card* (use to withdraw/deposit money at ATMs) attached to my Savings Account Checking Account Additional Card for Joint Owner		
E-Statements/E-Notices: Yes, send me my statements and notices such as change-in-terms or certificate renewals in electronic format to my e-mail address listed below. I understand that I will not receive paper statements/notices via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Statement and e-Notice service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the statements/notices in PDF format. Please send statement and notices to the following email address: _____		
Audio Response is available to all members by phoning (713) 529-5465.		
Home Banking and Bill Pay are available by logging on to our website and following the instructions.		
* ATM Cards are not available for PPC Savings Accounts.		

OVERDRAFTS

An overdraft occurs when, on any day, the available balance in your account is not sufficient to cover checks, drafts, fees or other items posted to your account, whether the transaction was made by check, electronically, or otherwise. Your "available balance" is the portion of your current account balance that is available for immediate withdrawal or to pay other debit items; it takes into account any pending debits we have received but not yet posted to your account (for example, preauthorized debit card transactions, pending checks, transfers, withdrawals, or holds on your account).

Please tell us how you would like overdrafts to be treated by completing the following:

(You must complete BOTH this section and the separate "What You Need to Know about Overdraft Fees and Overdraft Fees" form)

1. **Overdraft Protection Plan.** Under the Overdraft Protection Plan, I may authorize you to pay transactions that would cause an overdraft of my checking account by transferring funds from an existing savings account, or by advancing funds from a line of credit. If I elect Overdraft Protection, you will look to this plan for funds to cover my overdrafts before you use your standard overdraft procedures. If I choose not to elect Overdraft Protection, or I have insufficient available funds in my account or insufficient credit available on my line of credit to cover the overdrafts, then your standard overdraft practices will govern. Under those practices, you may (but don't have to) pay checks and automatic bill payments that cause overdrafts; if you do so, you will charge me a fee. If an ATM transaction or one-time debit card transaction causes the overdraft, I must tell you if I want you to pay such transactions or to decline such transactions. (See separate "What You Need to Know About Overdrafts and Overdraft Fees".)

Yes, I would like Overdraft Protection. Please pay any overdrafts in my checking account by withdrawing deposit account funds or charging the loan account as follows:

(indicate the order you would like funds transferred by placing 1 for first choice, 2 for second choice, etc. If there are not sufficient available funds in your first choice, then funds will be transferred from your second choice, etc.):

_____ Regular Share Savings Account _____ Line of Credit

I will be charged a fee for this service in the amount of \$6.00.

No thanks; I will use your standard overdraft practices.

2. **Standard Overdraft Practices.** Please complete the separate "What You Need to Know About Overdrafts and Overdraft Fees" document.

TIN AND BACKUP WITHHOLDING CERTIFICATION Complete the following section:

Under penalties of perjury, I certify that the number shown on this Application as my Social Security Number or TIN is my correct taxpayer identification number, and that (check applicable boxes):

I am not subject to backup withholding due to failure to report interest and dividend income

I am subject to backup withholding

I am not a U.S. Citizen and agree to complete a W-8 or other applicable form.

I am a U.S. Citizen

AUTHORIZED SIGNATURES

By signing below, I am applying for membership in the credit union and/or for the accounts and services indicated. I certify that all information provided in this Application is true and complete to the best of my knowledge. I agree to abide by the Bylaws and other rules of the credit union and agree not to cause any loss to the credit union. I acknowledge receipt of, and agree to the terms of, the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, and to any amendments made thereto.

I also authorize you to check my employment and credit history and to obtain credit reports in connection with this application and from time to time to determine my eligibility for credit union products and services, and I acknowledge that you may share information pertaining to my accounts with credit bureaus and others as allowed under applicable law.

Permission to contact: By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including autodialed and prerecorded message calls, from the credit union or its third party debt collector at that number.

Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.

IMPORTANT NOTICE 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. This means that 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 ask to see your driver's license or other identifying information.

THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

SIGNATURE OF PRIMARY ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

CREDIT UNION USE ONLY

CIP: Verification Completed by: Document described in App ChexSystems 3rd Party Verification: _____

Completed by: _____ Preferred contact method: Phone Email Mail Other: _____

Reason for new account card: _____

Services approved: Debit Card Overdraft Protection Special Account - additional paperwork received: _____