



P.O. Box 40088
Baton Rouge, LA 70835
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Application for Membership

Member Number _____

General Information

Name: _____ Social Security _____

Hm Ph () _____ - _____ Cell () _____ - _____ DOB: ____/____/____ DL#: _____ State _____ Exp _____

Physical Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Email: _____ Mother's Maiden Name: _____

Personal Contact Name: _____ Ph() _____ - _____

(Personal contact cannot live in same household or be someone who is joint on this membership)

Employer: _____ Work Ph:() _____ - _____

Employer Address: _____ City _____ State _____ Zip _____

Membership Eligibility

How are you eligible for Membership? _____

_____ I understand that if I am joining PSCU through an association, I have agreed to the terms & conditions & fees of that association

(Initial)

If you are eligible for membership through an immediate family member, give relationship above. Immediate family member is defined as a parent, spouse, spouse's parent, child, child's spouse, sibling, sibling's spouse, grandparent, grandchild, step relationships and adoptive relationships.

Joint Owner Information (If applicable)

Name: _____ Social Security # _____

Hm Ph () _____ - _____ Cell () _____ - _____ DOB: ____/____/____ DL#: _____ State _____ Exp _____

Physical Address: _____

Mailing Address: _____

Employer: _____ Work Ph:() _____ - _____

Employer Address: _____

Second Joint Owner Information (If applicable)

Name: _____ Social Security # _____

Hm Ph () _____ - _____ Cell () _____ - _____ DOB: ____/____/____ DL#: _____ State _____ Exp _____

Physical Address: _____

Mailing Address: _____

Employer: _____ Work Ph:() _____ - _____

Employer Address: _____

Account Options

Check all of the account options you prefer

Savings:

Regular Shares
 High Yield Shares
 Christmas Club Shares
 Freedom Shares
 Vacation Club Shares
 IRA Shares
 Super Savers (12 & under)
 Team Varsity (13 – 17)
 Cash Club (18 – 25)

Checking:

Basic Checking
 Pelican Preferred
 HSA
 NOW
 E-xtra Bonus
 Horizon

Debit Cards

Qty _____ Debit Card
 Qty _____ Savings Debit Card
 Qty _____ Horizon Debit Card
 Qty _____ HSA Debit Card

Online Options:

Pelican Teller
 E Access
 E-statement
 E-notices

Overdraft Protection

_____ I elect to have Overdraft Protection on my Checking Account using the following accounts in the following order. List member numbers and sub account number.

1st Member # _____ Sub # _____ 2nd Member # _____ Sub # _____ 3rd Member # _____ Sub# _____

_____ I elect to have No Overdraft Protection on my Checking Account.

Minor Accounts

(Initial) _____ By initialing this, I agree to assume full responsibility for any and all transactions, conducted on this account by the minor joint owner. I further agree to hold PSCU harmless from any disputes which may result from the issuing of a Visa branded plastic to the said minor joint owner. This includes but is not limited to deposits, withdrawals, and negotiation of checks, unauthorized transactions resulting from card number being lost, compromised, or fraudulently used. It is also understood all losses will be my sole responsibility to recover.

Certification as to Tax Payer Identification Number and Backup Withholding**Under Penalties of Perjury, I certify that:**

- (1) The number shown on this form is the current taxpayer identification number
- (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- (3) I am a U.S. Citizen (including a U.S. resident alien)

Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax returns. Cross out item 3 and complete a W-8 BEN if you are not a U.S. Citizen

By signing below, I/we agree to the terms and conditions of the Membership and Account agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfers Agreement and Disclosure. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.** I/We further agree to authorize Pelican State Credit Union to investigate my/our credit worthiness, credit history and financial responsibility through any credit bureau or account verification network while a member of the credit union. By signing below I/we also certify the above information is true and correct.

Member Signature _____ Date: _____

1st Joint Member Signature _____ Date: _____

2nd Joint Member Signature _____ Date: _____

The following is for credit union use only:

Employee Signature _____ Date: _____