

	Member Number:	Share IDs:		,	, ,	,
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	MEMB	ERSHIP APPLICATION &	& ACCOUNT AGREEME	ENT			
Application Type:	□ New Membership	☐ Update Account Information	☐ Add Joint Owner(s)	□ New Shares			
Account Ownership:	☐ Individual (sections 1, 2☐ Individual with Benefic		oint (sections 1, 2, 4, 5) Joint with Beneficiaries (sections 1	-5)			
	the addition of a new account(s) r	accounts listed above are individual accounts requires the consent and signature of all joint					
MEMBERSHIP ELIG							
ASSOCIATION MEMB (ALADS, FOP, HAPCOA, LA OR	1DAI, LASPA, <u>or</u> PPOA)	□ EMPLOYED OR PENSIONER ((LA COUNTY SHERIFF'S DEPT. or		EMPLOYEE NUMBER:			
AMILY MEMBER OF:_		(Full Name)	MEMBER#	RELATIONSHIP:			
	STED (check all that apply						
OVERDRA	ECKING DBULLDOGS IFT PROTECTION: RETER SERVICES: ATM	☐ SUB-SHARES ☐ SHARD CHECKING ☐ SECOND CHANC GULAR SHARES ☐ SUB SHARE CARD(S) ☐ MASTERMONEY DEF	□ MONEY MARKET □ VISA □	□ NO OVERDRAFT			
Member Name:(Last, Fi	rst, Middle Initial)						
Home Address: (No P.O	. Boxes allowed)	City	State	Zip			
Mailing Address:	ferent than above)	City	State	Zip			
	Cell Pho	•	k Phone:	Email:			
Employer:		Occupation:					
Driver's License or S	tate Issued ID #	Issued Date:	Exp	piration Date:			
Date of Birth:		SS# or Tax ID:					
Security Questions:							
Mother's Maiden Na	me:		Telephone Password:				
Security Question:			Security Answer:				
SECTION 2- INTERN	AL REVENUE SERVICE	E CERTIFICATION					
Under penalties of perjure 1. The number sl 2. I am not subject to withholding, a 3. I am a U.S. cit	y, I certify that: nown on this form is my correct to backup withholding because backup withholding as a resuland	t of a failure to report all interest or dividence of the transfer of the tran	m waiting for a number to be issued holding, or (b) I have not been notified dends, or (c) the IRS has notified me ons).	to me), and ed by the Internal Revenue Service (IRS) that I			
Certification Instruction all interest and dividends cancellation of debt, cont	ns- You must cross out item 2 on your tax return. For real es ributions to an individual retir	state transactions, item 2 does not apply.	IRS that you are currently subject to be For mortgage interest paid, acquisiting, payments other than interest and di	backup withholding because you failed to report on or abandonment of secured property, vidends, you are not required to sign the			
Member Signature	<u> </u>			Date:			
SECTION 3- PAY- ON	N- DEATH (P.O.D.) BENE	FICIARY DESIGNATION					
Beneficiary #1 Name:	(Last, First, Middle Initial)	Date of Birth:	Relationship:	SS#			
Beneficiary #2 Name:		Date of Birth:	Relationship:	SS#			

(Last, First, Middle Initial)

SECTION 4- JOINT OWNER(S) DESIGNATION JOINT OWNER #1 AUTOMATED SERVICES: □ ATM CARD(S) □ MASTERMONEY DEBIT CARD □ NO ATM ACCESS (Last, First, Middle Initial) Home Address: (No P.O. Boxes allowed) Home Phone: Cell Phone: Work Phone: Email: Occupation: Employer: Driver's License or State Issued ID #______ Issued Date: Expiration Date: SS# or Tax ID: Date of Birth: Security Questions: Telephone Password: Mother's Maiden Name: Security Question: ____ Security Answer: AUTOMATED SERVICES: □ ATM CARD(S) □ MASTERMONEY DEBIT CARD □ NO ATM ACCESS JOINT OWNER # 2 (Last, First, Middle Initial) Home Address: (No P.O. Boxes allowed) Home Phone: Cell Phone: Work Phone: Occupation: Employer: Issued Date: Expiration Date: Driver's License or State Issued ID # Date of Birth: SS# or Tax ID: **Security Questions:** Mother's Maiden Name: Telephone Password: Security Question: _ **Security Answer:** SECTION 5- SIGNATURE(S) I hereby make application for membership in and agree to conform to the by-laws (as amended) of POPA FEDERAL CREDIT UNION. I understand that if the information I have provided cannot be verified and/or is invalid, my membership/account ownership eligibility may be terminated/denied by the Credit Union. I acknowledge and agree that the signatures on this form control the ownership of other accounts classified as "sub accounts". I acknowledge that I have received a copy of the Credit Union's Truth-in-Savings Disclosure, Electronic Services Disclosure and Agreement, and that I have received a copy of the current Rate and Fee Schedule. All the terms, conditions and information contained in the disclosure and any amendments thereto ("Application") are by this reference incorporate in their entirety into this membership application and account agreement (application). I authorize the Credit Union to contact and inquire my references, my spouse, my employer(s), (past, present, and future) and to obtain credit reports in connection with this account and any future services provided by the Credit Union as permitted by law. I authorize the Credit Union to furnish information concerning my account and payment history with POPA FCU to credit reporting agencies. I authorize the Credit Union to pay any overdraft items and any fees for Credit Union services from funds subsequently deposited into my account. I agree to the terms and conditions of the Disclosures and Application. I understand that the Credit Union may verify all information I have given on the Application. Member Signature: Date: Joint Owner #1 Signature: Date:

A picture or copy of a government-issued identification for all the accountholders:

If applicable, attach the following document(s):

Teller#

Joint Owner #2 Signature: