



Master Account Signature Card

Your Financial Fitness Center

Membership Qualification

- Postal Worker In-plant branch / station _____ Account No. _____
- Immediate family member of _____ Other _____

Account Ownership

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Account
<input type="checkbox"/> With Pay-on-Death Payee	

Term Share Certificates

<input type="checkbox"/> 3 month	<input type="checkbox"/> 6 month	<input type="checkbox"/> 12 month	<input type="checkbox"/> 24 month
<input type="checkbox"/> 36 month	<input type="checkbox"/> 48 month	<input type="checkbox"/> 60 month	

Services Requested

<input type="checkbox"/> Regular Share	<input type="checkbox"/> Money Market	<input type="checkbox"/> Holiday Club
<input type="checkbox"/> Priority Guard Checking	<input type="checkbox"/> Premier Checking	<input type="checkbox"/> New Leaf Checking
<input type="checkbox"/> Classic Checking	<input type="checkbox"/> Teen Checking	<input type="checkbox"/> Visa Debit Card

Owner Information

Name		Occupation	
Address	City	ZIP	State
	()	()	
Date of Birth	Home Phone	Cell Phone	
		()	
Alternative Mailing or P.O. BOX		Business Phone	
Driver's License Number	Mother's Maiden Name	E-mail	

In this Signature Card "I", "My" and "Me" mean each and every person who signs below. "You" and "Your" mean Priority One Credit Union. If I am not currently a member, I hereby make application for membership in Priority One Credit Union. I understand I will be given access to the Millie - Phone Banking. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Account Agreement and Truth in Savings Disclosure, the Term Share Certificate Disclosure and Agreement (if applicable) and Electronic Funds Transfer Agreement and Disclosure Statement (receipt of all of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Signature Card shall govern the Regular Share, the Checking Account, the VISA Debit Card, Millie - Phone Banking and other accounts designated above. I authorize you to open other account(s) for me in person.

I authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Signature Card and any other information you may receive and that I waive my right to confidentiality of my records with the California Department of Motor Vehicles (DMV) and authorize you to obtain such information from the DMV.

Important Information About Procedure 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 Me:** When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

Request for Taxpayer Identification Number

Part I. - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification in the Account Agreement and Truth-In-Savings Disclosure. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN in "Specific Instructions" Part I.

Taxpayer Identification Number	OR	Employer Identification Number
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Note: If the account is in more than one name, see the chart for guidelines on "What Name and Number To Give the Requester."

Part II. - For U.S. Payee Exempt From Backup Withholding (See "Specific Instructions")

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Part III. - Certification

Under the penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholdings, and
- I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must 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 or dividends on your tax return. For real estate transactions, item 2 does not apply. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See "Specific Instructions")

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of U.S. Person

Date

Note: If the account is in more than one name, see the chart in the Account Agreement and Truth-In-Savings Disclosure for guidelines on whose number to enter. Joint Owners, if any, must sign on the back.

Joint Owner(s) Information (2)

Joint Owner Name (2)		Occupation
Address	City	State
	()	()
Date of Birth	Home Phone	Cell Phone
		()
Social Security Number		Business Phone
Driver's License Number	Mother's Maiden Name	E-mail
X		
Joint Owner Signature (2)		Date

Joint Owner(s) Information (3)

Joint Owner Name (3)		Occupation
Address	City	State
	()	()
Date of Birth	Home Phone	Cell Phone
		()
Social Security Number		Business Phone
Driver's License Number	Mother's Maiden Name	E-mail
X		
Additional Joint Owner Signature (3)		Date

Pay-on-Death Provision

Name of Payee	Social Security Number
Address of Payee	City
	State
Name of Payee	Social Security Number
Address of Payee	City
	State

Checking Account Overdraft Options

Overdraft will be the actual amount needed to pay such check.
 Put a number (1-2) for the order in which you want this overdraft to be covered (i.e. 1-2 or 2-1)
 _____ Shares _____ Quickline Loan
 I do not want to transfer funds to cover overdrafts
 All loans are subject to credit approval. Quickline loans are subject to the terms and conditions contained in the Quickline Loan Agreement and Disclosure, which is incorporated by this reference. Checking is subject to ChexSystems verification.

Priority Pay Options

Opt-in for Priority Pay
 (see additional form for ATM/Debit Transactions)
 Opt-out for Priority Pay

FOR CREDIT UNION USE ONLY

<input type="checkbox"/> Documentary Method Used	<input type="checkbox"/> Verified OFAC No Match
Type of Document: _____	ID No.: _____
Place of Issuance: _____	Date of Issuance: _____ Expiration Date: _____
<input type="checkbox"/> Non-Documentary Method Used: _____	Results: _____
<input type="checkbox"/> Description of Resolution of Any Substantive Discrepancy: _____	
ID Verified By (Print Name): _____	Title: _____
Signature: X _____	Date: _____
Application Approved By (Print Name): _____	Title: _____
Signature: X _____	Date: _____