

CHECKING ACCOUNT SIGNATURE CARD



This account card can be filled out and mailed to the credit union. 1. Individual Account 2. Add joint owner(s) 3. Add a beneficiary

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:

Member No:

Street:

SSN/TIN:

City/State/Zip:

Driver's Lic. No:

Home Phone:

Listed Unlisted

Date of Birth:

Work Phone:

Password:

E-mail:

Membership Eligibility:

Employer:

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested. If joint account, complete joint owner information.

Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

Joint Owner:

SSN/TIN:

Street:

Driver's Lic. No:

City/State/Zip:

Date of Birth:

Home Phone:

Listed Unlisted

Password:

Work Phone:

E-mail:

Joint Owner:

SSN/TIN:

Street:

Driver's Lic. No:

City/State/Zip:

Date of Birth:

Home Phone:

Listed Unlisted

Password:

Work Phone:

E-mail:

Joint Owner:

SSN/TIN:

Street:

Driver's Lic. No:

City/State/Zip:

Date of Birth:

Home Phone:

Listed Unlisted

Password:

Work Phone:

E-mail:

Beneficiaries DO NOT have access to the account.

ACCOUNT DESIGNATIONS

Add Beneficiary(ies) Below:

Payable on Death (POD)/Trust Account All Accounts Designate Specific Accounts

Beneficiary/POD Payee:

Beneficiary/POD Payee:

Street:

Street:

City/State/Zip:

City/State/Zip:

UTMA/UGMA (as custodian for Minors Act)

(minor) under the Uniform Transfers/Gifts to

Minor's SSN/TIN:

Agency Print Name of Agent:

Signature

Date:

All Accounts Designate Specific Accounts

Other:

See Account Authorization Card

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Suffix

Suffix

Share/Savings:

Money Market:

Share Draft/Checking:

HSA:

Share Certificate/Certificate:

Other:

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

If you are interested in any other account services please indicate below:

ACCOUNT SERVICES

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Payroll Deduction/Direct Deposit: | |
| <input type="checkbox"/> Audio Response: | |
| <input type="checkbox"/> Overdraft Protection (Indicate transfer priority.): | |
| <input type="checkbox"/> ATM Card: | <input type="checkbox"/> Debit Card: |
| <input type="checkbox"/> PC Access/Internet Banking: | <input type="checkbox"/> |
| <input type="checkbox"/> Other: | <input type="checkbox"/> |

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
- (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, and
- (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

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 Fund 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.*

All Account Owners Must Sign Below

X		X	
Signature	Date	Signature	Date
X		X	
Signature	Date	Signature	Date

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership:

Opened/App'd by:

Member Verification:

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking

Parkview Community Federal Credit Union

Overdraft Advance Service

Parkview Community Federal Credit Union, hereafter known as the "Credit Union", is always looking for ways to make your banking experience better. That is why we provide such services as Overdraft Advance. It provides a cushion that permits you to overdraw your personal share draft account up to **\$300.00** or **\$500.00** for eligible checking accounts with direct deposit. For each transaction that we honor using Overdraft Advance we will apply an insufficient funds fee of **\$34.00**. By paying your overdraft in this way, you eliminate the extra expense and potential embarrassment of having a transaction returned or denied. And Overdraft Advance services will only be activated if there are not enough funds available from your other accounts.

Only members 18 years of age and older are eligible for Overdraft Advance if their account is in and remains in good standing for a minimum of 60 days. Good standing is defined as 1) making regular monthly deposits and bringing their account to a positive balance at least once every 30 days; 2) not being more than 30 days past due on a loan with the "Credit Union" and 3) not subject to any legal or administrative order or levy.

Overdraft Advance is a non-contractual agreement between the "Credit Union" and its members. The "Credit Union" has the right to discontinue the program or withdraw any checking account from the program based on poor performance of the account, or failure to cover overdrafts. The "Credit Union" also has the right to limit participation to one account per household. The "Credit Union" also has the option to either honor the overdraft or return the item for insufficient funds even though we may have previously paid overdrafts for the member. There is no interest charged on any overdraft or unpaid overdraft charge. There will be no late charges or other fees other than the overdraft charge. The "Credit Union" will notify the member by mail of any overdraft paid or returned; however we have no obligation to notify you before we pay or return an item.

The following transactions will be covered under Overdraft Advance:

- Checks and other debits cashed at a teller's window
- ACH debits and withdrawals
- ATM withdrawals and/or Point-of-Sale transactions
- Service or check charges
- Pre-authorized internal debits and/or VISA Debit Card debit
- Checks issued to a third party

Overdraft items will be posted in accordance with the "Credit Union's" existing checking procedures. In the event of non-payment, the "Credit Union" reserves the right to be reimbursed for any and all reasonable collection fees incurred in prosecuting the collection procedures necessary. If legal action is commenced to collect this debt, the "Credit Union" reserves its right to be reimbursed for any and all reasonable attorneys' fees incurred in collecting any balance deficiencies which have been accrued.

Please choose whether or not you want Overdraft Advance by completing the bottom of this form. Please drop off **OR** mail this form to Parkview Community FCU, 2100 Eden Park Blvd., McKeesport, PA 15132 **OR** fax it to 412-678-9559.

If you have any questions regarding this matter, please feel free to stop by or call us at 412-678-9564.

Option to Opt-In for Overdraft Advance Services (Fax, bring or send this form back to Parkview Community FCU)

I have read the above terms and I wish to have Overdraft Advance services extended to me. I authorize Parkview Community FCU to cover any overdrafts, including ATM and one-time debit card transactions, up to **\$300.00** or **\$500.00** for eligible checking accounts with direct deposit to my share draft through the Overdraft Advance service. I also understand that I may receive a **\$34.00** fee per item that is paid through the Overdraft Advance service at Parkview Community FCU. Additionally, I understand that if I wish to waive Overdraft Advance services in the future, I may opt out at any time.

Signature: _____ **Date:** _____

Name: _____ **Member No:** _____

Option to Opt-Out from Overdraft Advance Services (Fax, bring or send this form back to Parkview Community FCU)

I **do not** wish to have Overdraft Advance services extended to me. By signing below, I understand that Parkview Community FCU will not cover overdrafts to my share draft account through the Overdraft Advance service and that any item (s) presented against insufficient funds will be returned unpaid with applicable NON-SUFFICIENT FUNDS fees assessed. Additionally, I understand that if I wish to have Overdraft Advance services extended to me in the future, I must meet the eligibility requirements at that time.

Signature: _____ **Date:** _____

Name: _____ **Member No:** _____