

NAPUS FCU MEMBERSHIP APPLICATION

NAPUS FCU • P.O. Box 148 • Alexandria, VA 22313-0148
Voice: 1-800-336-0284 • Fax: 703-683-1573 • www.napusfcu.org

For error free processing, please fill out application completely, and mark N/A (not applicable) for areas that do not apply to your needs.

STEP 1 - ELIGIBILITY

I hereby affirm that I am eligible for membership in the NAPUS Federal Credit Union under the following definition:

Employment – I am

an active member of the National Association of Postmasters of the United States.

(Check One) – PM OIC PMR Retired Other _____ Level: _____

an active member of the National Association of Postal supervisors Level: _____

an employee of: (Check One) – Case Design EANGUS NERA NAPS NAPUS NAPUS FCU

Family Member - Related by blood, marriage, or adoption to current NAPUS FCU member.

Residence – A household member is defined as: persons living in the same residence and who maintain a single economic unit.

Includes any person who is a permanent member of and participates in the maintenance of the household with a NAPUS FCU member.

NOTE: THIS SECTION MUST BE SIGNED BELOW. If you're eligible as a family member, YOU must sign below. If you're eligible as a resident, both you and your SPONSOR must sign below and enter the sponsor's member number.

Signature _____

Sponsor's NAPUS Federal Credit Union Membership # _____

STEP 2 - PRIMARY MEMBER (PLEASE PRINT IN INK)

Last _____ First _____ M.I. _____

Social Security # _____ DOB _____ Mother's Maiden Name _____

Street Address _____ City _____ State _____ Zip _____ Own / Rent _____

Mailing Address (if different from above) _____

Home Phone _____ Work Phone _____ Wireless _____

Email _____ Would you like to receive e-statements? Yes No

Employer _____ Job Title/Level _____ Years of Service _____

STEP 3 - JOINT ACCOUNT HOLDER/BENEFICIARY INFORMATION (IF APPLICABLE)

Joint Owner #1: With Survivorship Without Survivorship

Last _____ First _____ M.I. _____

Social Security # _____ DOB _____ Mother's Maiden Name _____

Mailing Address (if different from above) _____

Home Phone _____ Work Phone _____ Wireless _____

Email _____

Joint Owner #2: With Survivorship Without Survivorship

Last _____ First _____ M.I. _____

Social Security # _____ DOB _____ Mother's Maiden Name _____

Mailing Address (if different from above) _____

Home Phone _____ Work Phone _____ Wireless _____

Email _____

Beneficiary (ies)

In the event of my death and all other joint owners predecease me, I hereby designate the person(s) who name(s) appears below as my beneficiary (ies) to receive any and all amounts in this account.

Name _____

Name _____

Street Address _____

Street Address _____

City, ST, ZIP _____

City, ST, ZIP _____

Phone # _____

Phone # _____

STEP 4 - REQUESTED PRODUCTS & SERVICES

Savings

- One time membership fee (\$5 min. deposit) \$ _____
- Regular Share (Savings) Account (\$5 min. deposit) \$ _____
- Convention Club Account \$ _____
- Holiday Club Account \$ _____

Checking

- Checking Account \$ _____
- VISA Debit Card FREE

Check Order

Please print my FREE checks as follows:

Name _____

Additional Name (optional) _____

Address _____

Other Info _____

All account holders must sign below:

Member _____ Date _____

Joint Owner _____ Date _____

Direct Deposit / Payroll Allotment

Contact PostalEase – 1-877-477-3273 • Contact NAPUS FCU – 1-800-336-0284 • NAPUS FCU routing number – 2540 7493 4

VISA Credit Card (based on approval)

- Platinum Gold Classic Student

Authorized User(s): _____

VISA Payoff Request

If you would like to save money and pay off the balance(s) of any of your higher-rate credit accounts with your new VISA, please complete the form below. Include a separate sheet for additional cards.

Card _____

Amount \$ _____

Institution _____

Account # _____

Street/PO Box _____

City _____

State/ZIP+4 _____

Card _____

Amount \$ _____

Institution _____

Account # _____

Street/PO Box _____

City _____

State/ZIP+4 _____

Loan Request

Please pre-qualify me for the following:

- Mortgage loan Home equity loan Auto loan Personal loan Line of credit

STEP 5 - USA PATRIOT ACT DISCLOSURE

On October 26, 2001, President Bush signed into law the USA Patriot Act. This act was established to protect you, your family and our Country from terrorism by preventing financing to terrorist organizations. One section of that act (Section 326) requires NAPUS Federal Credit Union to verify the identity of all new Credit Union members. The Credit Union must also verify the identity of non-members added as signatories on accounts. In addition to verifying identification, the Credit Union must maintain a description of any document used for this purpose. Any documents used to verify identity will be secured in compliance with the Credit Union's Privacy Policy. If you are an existing member, we will need to verify and retain copies of any documents used to verify identity when you request new accounts or services.

We ask for your patience and understanding. Please remember this is a mandatory requirement and we must comply for your protection and the protection of our Country.

STEP 6 - SIGNATURE(S)

I hereby make application for membership in and agree to conform to the bylaws as amended of the NAPUS Federal Credit Union. I hereby authorize the Credit Union to obtain a credit report from a recognized agency or bureau of NAPUS FCU's choice. Complete account disclosure will be mailed upon account approval. All new account information will be verified.

Your accounts at NAPUS FCU are insured up to \$100,000 by the National Credit Union Administration (NCUA); an agency of the Federal Government. Rules governing Joint and Revocable Trust Accounts have been simplified and may allow you to increase your total coverage, up to 1.4 million, depending on how you set up your accounts.

Member Signature _____ Date _____

Joint Owner #1 _____ Date _____

Joint Owner #2 _____ Date _____

Under penalty of perjury, I certify that (1) the tax identification number (social security number) shown on this form is my correct taxpayer identification number and (2) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends or (3) the IRS has notified me that I am no longer subject to backup withholding.

- Check this box if you are subject to backup withholding tax.

Please return in your postage paid envelope.