



PO Box 100167, Columbia, SC 29202
 office: 803-978-2101 fax: 803-296-2375
 email: info@phcu.org
 www.palmettohealthcu.org

MEMBERSHIP CARD/ SIGNATURE CARD

NEW ADD CHANGE OTHER

Account # _____

ACCOUNT OWNER							
Last Name		First Name			Middle Initial	Suffix (Sr., Jr., III)	
Member Number	Account Title (If Different from above such as DBA; Estate of...)			SSN or EIN			
Street Address						Date of Birth	
City	State	Zip	Occupation, profession or business		Employee ID#		
Mailing address (If different):							
City				State	Zip		
Identity verification method: <input type="checkbox"/> Drivers License/ State ID <input type="checkbox"/> US Military ID <input type="checkbox"/> Other _____				Service Requested			
Issued by: _____ Number: _____ Expiration: _____				<input type="checkbox"/> ATM/Debit Card <input type="checkbox"/> Direct Deposit			
Home Phone	Work Phone	Cell Phone	Email		Membership Eligibility		
Account(s) Requested				Service(s) Approved*			
<input type="checkbox"/> Regular Share <input type="checkbox"/> Checking Account <input type="checkbox"/> Vacation Club <input type="checkbox"/> Back to School <input type="checkbox"/> Club Minor's account <input type="checkbox"/> Christmas Club <input type="checkbox"/> Share Certificate <input type="checkbox"/> IRA Savings (No Joint) <input type="checkbox"/> SCUGMA Account <input type="checkbox"/> Secondary Share <input type="checkbox"/> Other: _____				<input type="checkbox"/> ATM/Debit Card* <input type="checkbox"/> Home Banking* <input type="checkbox"/> Bill Payment* <input type="checkbox"/> Payroll Deduction* <input type="checkbox"/> Direct Deposit* <input type="checkbox"/> Telephone Response* * Separate application may be required for service approval			
JOINT OWNER or OTHER AUTHORIZED USER							
<input type="checkbox"/> Joint Owner <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <input type="checkbox"/> Other _____							
Last Name		First Name			Middle Initial	Suffix (Sr., Jr., III)	
Member Number	Account Title (If Different from above such as DBA; Estate of...)			SSN or EIN			
Street Address						Date of Birth	
City	State	Zip	Occupation, profession or business		Employee ID#		
Mailing address (If different):							
City				State	Zip		
Identity verification method: <input type="checkbox"/> Drivers License/ State ID <input type="checkbox"/> US Military ID <input type="checkbox"/> Other _____				Service Requested			
Issued by: _____ Number: _____ Expiration: _____				<input type="checkbox"/> ATM/Debit Card <input type="checkbox"/> Direct Deposit			
Home Phone	Work Phone	Cell Phone	Email		Membership Eligibility		
JOINT OWNER or OTHER AUTHORIZED USER							
<input type="checkbox"/> Joint Owner <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <input type="checkbox"/> Other _____							
Last Name		First Name			Middle Initial	Suffix (Sr., Jr., III)	
Member Number	Account Title (If Different from above such as DBA; Estate of...)			SSN or EIN			
Street Address						Date of Birth	
City	State	Zip	Occupation, profession or business		Employee ID#		
Mailing address (If different):							
City				State	Zip		
Identity verification method: <input type="checkbox"/> Drivers License/ State ID <input type="checkbox"/> US Military ID <input type="checkbox"/> Other _____				Service Requested			
Issued by: _____ Number: _____ Expiration: _____				<input type="checkbox"/> ATM/Debit Card <input type="checkbox"/> Direct Deposit			
Home Phone	Work Phone	Cell Phone	Email		Membership Eligibility		

ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED)

The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.

PAYABLE ON DEATH - BENEFICIARIES				
#1	Last Name	First Name	Middle Initial	Suffix
Street Address		City	State	ZIP code
Relationship		SSN or EIN	Date of Birth	Percentile (as applicable) _____ %
#2	Last Name	First Name	Middle Initial	Suffix
Street Address		City	State	ZIP code
Relationship		SSN or EIN	Date of Birth	Percentile (as applicable) _____ %
#3	Last Name	First Name	Middle Initial	Suffix
Street Address		City	State	ZIP code
Relationship		SSN or EIN	Date of Birth	Percentile (as applicable) _____ %

AUTHORIZATION, CERTIFICATION, CONSENT AND AGREEMENT

CONSENT AND AGREEMENT

Each applicant, authorized user or other party signing below (together herein referred to as "applicant(s)") hereby makes application for the account(s)/services and/or membership as indicated and agrees to conform to the Bylaws, as amended, of Palmetto Health Credit Union (PHCU). I certify that I am within the field of membership of PHCU if membership is requested. I certify the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. I also acknowledge that I have received and agree to be bound by any terms and conditions in this card, and in the Membership Booklet, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. I consent that PHCU may undertake to verify my eligibility for any account(s) and service(s) now and in the future. In addition, I authorize PHCU to make inquiry to determine my employment history and to obtain information concerning any accounts with other institutions and my credit history, including any credit reports. I specifically consent that PHCU may report information concerning my account(s) services to others; and may provide the reasons should it be determined I am ineligible for any services or to be an authorized person/user to the other applicants. I acknowledge that all present and future deposits to the account(s) designated above secure payment of any account owner's obligations to PHCU. This card authorizes PHCU to open future sub-accounts and/or services in the names of the owners or Account Title listed above. If any representative capacity is indicated on this card, PHCU shall provide all statements, notices and other information only to the person designated as having authority (e.g., a "trustee"). Checks will be printed using the names and driver's license numbers of all joint owners, and the address and home phone number of the Member as they appear above.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES

The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding below. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION

Under penalties of perjury, each signing party certifies that: (1) The number shown on this form is my correct 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, and (3) I am a U.S. person (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 return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZED SIGNATURES

By signing below you acknowledge and agree to all terms, conditions, certifications and representations you made herein.

1. _____
Signature Date

2. _____
Signature Date

3. _____
Signature Date

PHCU USE ONLY

OFAC search(es) conducted/reconciled: Member/Account Owner Joint Owner #1 Joint Owner #2 Other _____

Comments: _____

Account Opened: In Person By Mail Internet Other: _____

The above applicant(s) membership, accounts & services are Approved Denied Pended Comment: _____

By: _____ (Membership Officer) Date: _____