

## Kids Club Membership Application

ELIGIBILITY – You can be a member if your mother, father, brother, sister, grandmother or grandfather is already a member.

MEMBERSHIP ELIGIBILITY

I am eligible to join PFCU's Kids Club because I am related to : \_\_\_\_\_  
 Name of Member: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Relationship to Member: \_\_\_\_\_

Please print clearly or type your information. Complete all appropriate sections and sign where indicated.  
 Please include a photocopy of the Parent's/Guardian's government-issued photo identification.

PRIMARY OWNER (Child's Information)

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Residence Address (if different than mailing address) \_\_\_\_\_

JOINT OWNER (Parent/Guardian Information)

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_  
 Driver License/Identification Number \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Residence Address (if different than mailing address) \_\_\_\_\_

JOINT OWNER (Parent/Guardian Information)

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_  
 Driver License/Identification Number \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Residence Address (if different than Mailing Address) \_\_\_\_\_

SELECT SERVICES

Membership Fee (One time fee) .....\$ ~~\$1.00~~  
 Deposit to Kids Club Savings Account (\$5 minimum deposit required).....\$ \_\_\_\_\_  
 ATM Card (Accesses Kids Club Share Savings-\$5 Annual Fee) .....\$ \$5.00  
 Total Initial Deposit \$ \_\_\_\_\_  
 Online Banking     E-Statements     Account Transfer (must complete separate form)

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION: Under penalty of perjury, I certify that (1) The number shown on this form (S.S.N./TIM) is my correct taxpayer Identification Number (or I am waiting for a number to be issued to me), 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 notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen (including a U.S. resident alien). Certification Instructions: I must cross out item 2 above if I have been notified by the IRS that I am currently subject to backup withholding because I failed to report all interest and dividends on my tax return.

ACKNOWLEDGEMENT & SIGNATURE: I/We acknowledge that I/We have read and agree to be bound by the Account Agreement and Truth-In-Savings Agreement and Electronic Services Agreement and Disclosure provided with this application. I hereby make application in agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of Parsons Federal Credit Union. My signature below and use of the account will confirm my agreement to be bound and my acceptance of the Agreement on the reverse.

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

Primary Owner Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR CREDIT UNION USE ONLY		ChexSystems
Membership Officer: _____	Date _____	State/Year _____
	OFAC	

