

# Authorization to Add a Joint Owner

Please mail to P.O. Box 67013, Harrisburg PA 17106-7013 or fax to 717.720.1234

**PSECU**® P.O. Box 67013  
Harrisburg, PA 17106-7013  
psecu.com

Member Name \_\_\_\_\_

Account Number \_\_\_\_\_

Member Occupation (or former occupation if unemployed or retired) \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Account Address** – If different from current account address, please call PSECU at 717.234.8484 in Harrisburg or 800.237.7328 nationwide to update your information before submitting this request. You may also change your contact information in psecu@home®.

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

If address is a Post Office Box, also list place of residence.

E-mail Address \_\_\_\_\_

**Add a Joint Owner** – Members and joint owners must be at least 12 years old. All joint owners agree to be bound by the terms stated below in the Signature Section and the Joint Ownership Agreement included in the Agreements and Disclosures booklet.

### Joint Owner Citizenship Status

Please select one below:

- I certify that I am a U.S. citizen.
- I certify that I am a permanent resident alien.
- I am not a U.S. citizen or permanent resident alien.

### Joint Owner

Name (print) \_\_\_\_\_

Joint Owner Occupation (or former occupation if unemployed or retired) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address of joint owner, if different from owner \_\_\_\_\_

How long at this address? If less than 2 years, list previous address. \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License # or Government-issued Picture ID # \_\_\_\_\_

State \_\_\_\_\_ Expiration Date \_\_\_\_\_

If you do not have a driver's license or a government-issued picture ID, please submit 2 copies of ID, one reflecting current address.

**Checking** – Please check one the appropriate box(es) below: Members and joint owners must be at least 12 years old to receive a checking account.

- I do not have Checking service
- I have Checking service and:
  - Please order new checks with the imprint information on the right.
  - I do not wish to reorder checks at this time.

Please allow 7 – 10 business days to receive your checks.

### Check Imprint – Please complete:

Please print the information you would like to appear on your checks, i.e. name(s), telephone number, address, etc. Maximum imprint is 5 lines.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Check Card/STAR® Card

Members and joint owners must be at least 16 years old to receive a Check Card and 12 years old to receive a STAR card. Check Card PIN remains the same. STAR card PIN must be selected below.

- I do not have a Check Card/STAR card.
- I have a Check Card/STAR card and do not wish to receive a second card.
- Please issue a second Check Card/STAR card on my account in the name of \_\_\_\_\_

Print Second Name – Must be Joint Owner

Please allow 7 – 10 business days to receive your card(s).

### Signatures – Members and ALL joint owners MUST sign.

**Signatures** Please read material carefully. All applicants 12 years and over are required to sign the application. I/We agree to the conditions stated in the Agreements & Disclosures, the Bylaws, rules and regulations of PSECU which will be provided to me/us as required by law. I/We apply for and agree to the stated terms for each service change requested on this application. From time to time, PSECU will announce additional services. My/Our use of these services will indicate my/our acceptance of the terms and conditions presented as they are announced. I/We authorize any person, association, firm, corporation, credit bureau or personnel office to furnish information, including credit reports, concerning my/our affairs and all Joint Owners upon request of this credit union. I/We understand that I/we and any or all of my/our Joint Owners have the right to request in writing, the nature and scope of the credit union's investigation. Any negative balance created in this account shall bear interest at the highest unsecured loan rate offered by PSECU until paid in full. Repayment of this amount will be the personal obligation of all joint owners of any account owned by those individuals. I/We understand that it is a federal crime to willfully or negligently provide incomplete or incorrect information on requests made to State Chartered Credit Unions insured by the National Credit Union Administration. I/We certify under penalty Title 18, United States Code, Section 1001, et seq. that the information on this application is true and correct.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.** Please review the Internal Revenue Service W-9 form on the back and change, if necessary.

Signature of Member (Please sign in ink.) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner (Please sign in ink.) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner (Please sign in ink.) \_\_\_\_\_ Date \_\_\_\_\_

### STAR Card PIN

Complete this only if requesting a STAR card. Select a PIN that is not easily identifiable with you. Please do not use the following combination of numbers: 0000 through 0009, 9999, or the letters "Q" or "Z" as part of your PIN. PSECU does not keep your PIN on file. Note for your records.

STAR CARD PIN: \_\_\_\_\_

**W-9 FORM - INTERNAL REVENUE SERVICE 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, (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 failure to report all interest 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).

**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 the appropriate W-8 if you are not a U.S. person (a non-resident alien or a foreign entity not subject to backup withholding).

Any financial service provided by PSECU may be used for any transaction permitted by law. You agree that illegal use of any financial service will be deemed an action of default or breach of contract. Use of any financial service in a manner not permitted by law may cause that service or related services to be terminated in PSECU’s discretion. You further agree, should illegal use occur, to waive any right to sue PSECU for such illegal use or any activity directly or indirectly related to it. Additionally, you agree to indemnify and hold PSECU harmless from any suits or other legal action or liability, directly or indirectly, resulting for such illegal use.

**USA Patriot Act  
Identity Verification Notice**

**Important information about procedures for opening a new account**

To help our government fight the funding of terrorism and stop money-laundering activities, federal law requires all financial institutions, including PSECU, to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, Taxpayer Identification Number (TIN) (usually your Social Security Number) and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying document(s). The law requires us to maintain records of the identification verification and periodically update this information.

Please be assured that the same strict confidentiality of your information maintained by **PSECU** will be continued as required under the **Gramm-Leach-Bliley Privacy Act and PSECU’s Privacy Policy**.

**Occupation, Profession, or Business**

Identify the occupation, profession or business that best describes the individual or entity.

**Examples of Occupation**

Attorney, car dealer, carpenter, doctor, farmer, plumber, truck driver, etc. Do not use nondescript terms such as businessman, merchant, store owner (unless store’s name is provided), or self employed. If unemployed, or retired are used enter the regular or former occupation if known.