



**MEMBERSHIP APPLICATION**

ACCOUNT NUMBER: \_\_\_\_\_  
PROCESSED BY: \_\_\_\_\_

**1 ELIGIBILITY**

Please complete the entire form, check for services requested and sign at the bottom

An employee of: \_\_\_\_\_  Association member of: \_\_\_\_\_  
 Relation to a member of Patriots FCU:  
Name: \_\_\_\_\_ Member # \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship: \_\_\_\_\_

**2 MEMBER INFORMATION**

**Note:** Any Joint owner listed will be on all accounts except IRAs

Primary Owner's First Name	M.I.	Last Name	Joint Owner's First Name	M.I.	Last Name
Home Address (No P.O. Box)			Home Address (No P.O. Box)		
City	State	Zip	City	State	Zip
E-mail Address			E-mail Address		
Date of Birth	Social Security #	Driver's License # / State	Date of Birth	Social Security #	Driver's License # / State
Mother's Maiden Name	Home Phone #	Cellular Phone #	Mother's Maiden Name	Home Phone #	Cellular Phone #
Employer	Occupation		Employer	Occupation	

**PAY-ON-DEATH (P.O.D.) BENEFICIARY(IES)** In the event of my death, or if there is more than one owner of this account, in the event of death of all the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account established on this form

Name of Beneficiary	Phone #	Name of Beneficiary	Phone #				
Address	City	State	Zip	Address	City	State	Zip
Social Security #	Date of Birth	Relationship	% of Account	Social Security #	Date of Birth	Relationship	% of Account

**3 CHOOSE SERVICE / INDICATE INITIAL DEPOSIT**

Contact the Credit Union for Certificates and IRAs

Deposit to Savings Account (\$25 minimum deposit, \$10 membership fee) \$ \_\_\_\_\_  
 Freedom Checking Account (\$10 minimum deposit plus the cost of checks) PLEASE SEE SECTION 4 \$ \_\_\_\_\_  
 Money Management Account (\$2,000 minimum deposit) \$ \_\_\_\_\_  
**Total Enclosed** \$ \_\_\_\_\_  
Visa Check Card for:  Primary Member  Joint Owner  Telephone Banking  Patriots Online Banking  Bill Pay Service

**4 CHECKING OVERDRAFT OPTIONS**

Please refer to Truth-in-Savings disclosure for full details

PLEASE PAY ANY OVERDRAFTS WITH THE FOLLOWING ACCOUNTS:  Savings  Credit Line  
 First from Savings, then from Credit Line  First from Credit Line, then from Savings  Other: \_\_\_\_\_

NOTE: OVERDRAFT CREDIT LINES ARE SUBJECT TO THE TERMS AND CONDITIONS CONTAINED IN THE LOAN AGREEMENT AND DISCLOSURE, WHICH IS INCORPORATED BY THIS REFERENCE.

**5 TIN CERTIFICATION AND BACKUP WITHHOLDING**

My Taxpayer Identification Number (Social Security Number) is: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, 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, 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 a W-8 BEN if you are not a U.S. person. Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**6 ACKNOWLEDGEMENT AND SIGNATURE**

See reverse for signature & identification verification

I hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of PATRIOTS FEDERAL CREDIT UNION. I acknowledge receipt of the Truth-in-Savings, Electronic Services Disclosure and Agreement, the Schedule of Fees, Dividend Schedule and the Dividend Rate Notice, and agree to be bound by their terms and conditions. My signature below and use of the account will confirm my agreement to be bound by and my acceptance of the Agreement on the reverse side.

**X** \_\_\_\_\_  
Primary Member's Signature Date

**X** \_\_\_\_\_  
Joint Owner's Signature Date

For Credit Union Use Only:

Approved by Membership Officer: \_\_\_\_\_  
Date Processed: \_\_\_\_\_

**AUTO-CA**  
is your doorway to the



## Associate Credit Union Member Application

Please type or print clearly:

Your Name \_\_\_\_\_

Company Name (if any) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

(check one)

**Check**

**MasterCard**

**Visa**

**Card Number** \_\_\_\_\_ **Paid By Credit Union**

**Expiration Date** \_\_\_\_\_

Enclosed is our check in the amount of \$25.00 or credit card information as remittance for annual membership in the Automotive Trade Organizations of California, Inc, a nonprofit trade association.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FAX COMPLETED APPLICATION TO PATRIOTS FCU: FAX (949) 360-1632**

**AUTO-CA**

**Automotive Trade Organizations of California, Inc.**

25255 Cabot Road, Suite 203, Laguna Hills, CA 92953-5088  
(949)583.2886 • (800) 432-3083 • FAX (949) 360-1632  
[www.autoca.org](http://www.autoca.org)

# AGREEMENT

In this Membership Invitation "I", "Me" and "My" means each and every person who signs on Page 1. If I am not currently a member, I hereby make application for membership in Patriots Federal Credit Union (PFCU). I agree to conform to PFCU's bylaws as well as all applicable terms and conditions set forth in the Truth in Savings Disclosure, the Share Term Certificate and Individual Retirement Certificate Account Agreement (if applicable) and Electronic Services Disclosure and Agreement (receipt of all of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Membership Invitation shall govern the Savings Account, the Checking Account, the Visa® Check Card, Patriots Online / Telephone Banking and other accounts/services designated by me on Page 1. I authorize PFCU to open other account(s) for me in person, online or per my telephone request.

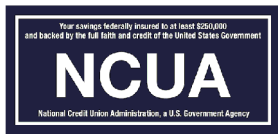
**Customer Identification Program Notice:** Pursuant to federal law, PFCU is required to verify the identity of any person seeking to open an Account or add a signer or joint owner to any Account and must maintain records of information used to verify the person's identity.

I authorize PFCU to gather whatever credit, checking account and employment information PFCU considers appropriate from time-to-time. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account. I authorize PFCU to give information concerning PFCU's experience with me to others. I understand and agree that PFCU may retain this Signature Card and any other information PFCU may receive.

## SIGNATURE AND IDENTIFICATION VERIFICATION

DRIVER'S LICENSE OR I.D. CARDS:

**IMPORTANT: FOR VERIFICATION OF SIGNATURE AND IDENTIFICATION ALL APPLICANTS (PRIMARY & JOINT) MUST HAVE TWO FORMS OF IDENTIFICATION. THE FOLLOWING ARE CONSIDERED "PRIMARY" IDENTIFICATION: CURRENT AND VALID DRIVER'S LICENSE, STATE ISSUED PHOTO ID CARD OR MILITARY IDENTIFICATION. THE FOLLOWING ARE EXAMPLES OF "SECONDARY" ID AND MUST ACCOMPANY A "PRIMARY" ID: INSURANCE CARD, CREDIT CARD, SOCIAL SECURITY CARD, UTILITY BILL, STUDENT ID CARD, ETC.**



<b>FOR CREDIT UNION USE ONLY</b>		
	Opened/Ordered By	Date
Savings	_____	_____
Checking	_____	_____
Chex Systems	_____	_____
Overdraft	_____	_____
Visa Check Card(s)	_____	_____
Money Management	_____	_____
Share Term Certificate	_____	_____
IRA Share	_____	_____
ROTH IRA	_____	_____
Coverdell IRA	_____	_____
LOC \$ _____	_____	_____



26970 Aliso Viejo Parkway, Suite 150  
Aliso Viejo, CA 92656

(877) 877-2177  
Fax: (949) 360-1632  
[www.patriotsfcu.com](http://www.patriotsfcu.com)



## EXPLANATION OF OVERDRAFT COVERAGE Your Right to Request Overdraft Coverage

Patriots Federal Credit Union realizes that people sometimes overdraw their accounts. An overdraft occurs when you do not have available funds in your account to cover a transaction. With the current Courtesy Pay Program PFCU may pay overdrafts for ATM withdrawals as well as debit card purchases that you make at a store, online or by telephone.

However, due to new Federal Regulations, members must now elect to **opt-in** to have these transactions paid by overdraft coverage (Courtesy Pay.)

In accordance with these new regulations, effective July 1, 2010, we will no longer be able to pay overdrafts for ATM withdrawals and one-time or recurring debit card purchases that you make at a store, online or by telephone, unless you tell us by **opting-in** that you want overdraft coverage (Courtesy Pay) for these transactions.

Business and DBA accounts are not eligible for this program.

Complete the Courtesy Pay **opt-in** section below.

**Important Notice:** If you are currently enrolled in our Courtesy Pay Program, in order to stay in the program you must check the **“Yes”** box, sign and return this form. Otherwise, your participation in the program will be discontinued as of August 15, 2010.

Having Courtesy Pay coverage does not guarantee that we will pay overdrafts on your account. If we pay an overdraft, you will be charged fees as described below. We may still pay your overdrafts for other types of transactions, including checks.

### Overdraft Fees

We will charge you a fee of \$32.00 each time we pay an overdraft. There is no limit on the daily fees we can charge you for overdrawing your account.

### Overdraft Options

We offer other ways of covering overdrafts that may be less expensive such as coverage from your savings. You may also apply for a PFCU line of credit.

To learn more about these options, contact us at 877-877-2177 or visit our website at [www.patriotsfcu.coop](http://www.patriotsfcu.coop) or [www.mylcu.com](http://www.mylcu.com).

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### OPT-IN

**Yes, I want Courtesy Pay coverage for my ATM withdrawals and one-time debit card transactions.**

Name: \_\_\_\_\_ Account # \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Joint Owner Signature \_\_\_\_\_

### Time Sensitive Reply

We must receive this form not later than July 1, 2010 to establish overdraft coverage.

You may choose to revoke your consent to overdraft coverage at any time in writing.

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### Complete and sign this form:

Mail to us in the prepaid envelope provided  
Patriots Federal Credit Union  
26970 Aliso Viejo Parkway Ste. 150  
Aliso Viejo, Ca. 92656

or FAX to: *Patriots Federal Credit Union*  
949-360-1632



26970 Aliso Viejo Parkway Ste. 150 • Aliso Viejo, CA 92656 • 1-877-877-2177 • FAX 949-360-1632 • www.patriotsfcu.com

## IMPORTANT PRIVACY CHOICES FOR CONSUMERS

You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choices below.

### Your Rights

You have the following rights to restrict the sharing of personal and financial information with our affiliates (companies we own or control) and outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some of our other products or services.

### Your Choices

**Restrict Information Sharing With Companies We Own or Control (Affiliates):** Unless you say “No,” we may share personal and financial information about you with our affiliated companies.

NO, please do not share personal and financial information with your affiliated companies.

**Restrict Information Sharing With Other Companies We Do Business With to Provide Financial Products and Services:** Unless you say “No,” we may share personal and financial information about you with outside companies we contract with to provide financial products and services to you.

NO, please do not share personal and financial information with outside companies you contract with to provide financial products and services.

### Time Sensitive Reply

You may make your privacy choice(s) at any time. Your choice(s) marked here will remain unless you state otherwise. However, if we do not hear from you we may share some of your information with affiliated companies and other companies with whom we have contracts to provide products and services.

Name: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Signature: \_\_\_\_\_

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### To exercise your choice(s) do one of the following:

1. Complete the form and mail to us using the envelope provided:  
*Patriots Federal Credit Union*  
*26970 Aliso Viejo Parkway Ste. 150*  
*Aliso Viejo, Ca. 92656*

# FACTS

## WHAT DOES DO WITH YOUR PERSONAL INFORMATION?

<b>Why?</b>	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
<b>What?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>■ Social Security number and</li> <li>■ _____ and</li> <li>■ _____ and</li> </ul>
<b>How?</b>	All financial companies need to share _____ personal information to run their everyday business. In the section below, we list the reasons financial companies can share their _____ personal information; the reasons _____ chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does _____ share?	Can you limit this sharing?
<b>For our everyday business purposes—</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus		
<b>For our marketing purposes—</b> to offer our products and services to you		
<b>For joint marketing with other financial companies</b>		
<b>For our affiliates' everyday business purposes—</b> information about your transactions and experiences		
<b>For our affiliates' everyday business purposes—</b> information about your creditworthiness		
<b>For nonaffiliates to market to you</b>		

<b>To limit our sharing</b>	<ul style="list-style-type: none"> <li>■ Call _____ —our menu will prompt you through your choice(s) <b>or</b></li> <li>■ Visit us online: _____</li> </ul> <p><b>Please note:</b></p> <p>If you are a <i>new</i> customer, we can begin sharing your information _____ days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p> <p>However, you can contact us at any time to limit our sharing.</p>
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<b>Questions?</b>	Call _____ or go to _____
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## Who we are

Who is providing this notice?

## What we do

How does protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does collect my personal information?

We collect your personal information, for example, when you

- or
- or
- 

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

What happens when I limit sharing for an account I hold jointly with someone else?

## Definitions

**Affiliates**

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- 

**Nonaffiliates**

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- 

**Joint marketing**

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

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## Other important information