

# Universal Signature Card

Member number

PLEASE PRINT

**Primary Member**

Mr.  Ms.  Mrs.

|                        |  |            |                            |            |
|------------------------|--|------------|----------------------------|------------|
| Last Name              |  | First Name |                            | Middle     |
| Address                |  | City       | State                      | ZIP        |
| Social Security Number |  |            | Date of Birth (mm/dd/yyyy) |            |
| Driver's License #     |  | State      |                            | Expiration |

**Associate Member**

Mr.  Ms.  Mrs.

|                                                 |  |            |                      |                            |
|-------------------------------------------------|--|------------|----------------------|----------------------------|
| Last Name                                       |  | First Name |                      | Middle                     |
| Address                                         |  | City       | State                | ZIP                        |
| Same as Primary Member <input type="checkbox"/> |  |            |                      |                            |
| Social Security Number                          |  |            | Mother's Maiden Name |                            |
| Driver's License #                              |  | State      |                      | Expiration                 |
| Home Phone                                      |  | Cell Phone |                      | Date of Birth (mm/dd/yyyy) |
| Email Address                                   |  |            |                      |                            |
| Occupation                                      |  |            | Work Phone           |                            |

- New Account     
  Change Existing Account     
  Add Associate  
 ATM Card     
  Debit Card

|                  |
|------------------|
| Account Suffixes |
|------------------|

- Checking     
  Savings     
  Money Market     
  CD

## Name Change

| Current | Change | Type of Legal Document |
|---------|--------|------------------------|
|---------|--------|------------------------|

By signing below, I/we authorize Patelco Credit Union to check my credit history including the verification of the information on this request. Copies of my paystub may be required. I/We understand that Patelco may contact me for further information, and that this application must be completed fully for Patelco to process my request. Patelco may obtain information from others about me and give credit information to others.

I/We agree that Patelco may elect not to extend account services based on information obtained in its review. I/We may be required to provide a paystub copy or other documentation as needed by the Credit Union. I/We understand that Patelco may contact me for further information, and that this application must be completed fully for Patelco to process my request. You may obtain information from others about me and give credit information to others.

I/We certify under penalty of perjury that the Social Security Number given to the Credit Union on this application is correct. I/We have never received a notice from the Internal Revenue Service of under-reporting of dividends or interest. I/We am/are not now obligated to have dividends or interest withheld. By signing this form, I/we have read and agree to the terms and conditions of Patelco's Universal Account Disclosure and Fee Schedule contained in Patelco's Member Handbook: Account Disclosures, Fee Schedule and Privacy Policy, as amended from time to time, plus any supplemental documents I/we receive.

**Please refer to the separate applicable product brochures and the Universal Account Disclosures for additional information and requirements concerning these products. Checking Accounts and ATM Cards are subject to approval.**

|                               |                   |
|-------------------------------|-------------------|
| Primary Member Signature      | Date (mm/dd/yyyy) |
| Signature of Associate Member | Date (mm/dd/yyyy) |

If all associate members are not present in the branch, the associate members must be verified through IDology or the notary form on page 2 must be notarized.

- Associate members have been verified through IDology. MSR Initials \_\_\_\_\_
- Member will have associates' signatures notarized on page 2. Application to pending file.

## Notary Form

### State of California

County of \_\_\_\_\_ Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

|        |                  |
|--------|------------------|
| (Seal) | Notary Signature |
|--------|------------------|

Federally Insured by NCUA