

How to Join

Return this short application form with an initial \$50 deposit to your new share savings account. Please include a copy of a driver's license or state-issued photo ID for the primary applicant and each joint applicant. For student applicants, please enclose a copy of a student I.D., if available. I.D. information must match the information on this application.

Questions? Contact POSTMARK CU staff at (717) 671-5119.

POSTMARK CU Membership Application			
Member Information <i>(Please print in ink or type.)</i>	Account Number	Name	
	Mailing Address (Street and or Apt. #)	Driver's License Number & Expiration Date	
	City State Zip	Home Phone	Business Phone
	Occupation	Place of Employment	Date of Birth
Checking Account	Do you want a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Note: Checking accounts are automatically set up with overdraft protection from your regular savings account. A joint member on your checking account will have access to your savings account through overdraft protection.		
Certification as to Tax I.D.	By signing below, under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer Identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Services (IRS) has notified me that I am no longer subject to backup withholdings and (3) I am a U.S. person (including a U.S. resident alien).		
Membership/ Account Agreement	By signing below you make application for membership in the POSTMARK Credit Union and agree to conform to its Bylaws, Articles, Policies, Regulations, and Amendments thereof and sub-scribe to at least one share. I have received, read, understood, and agreed with all disclosures received at the opening of this (these) account(s). The POSTMARK Credit Union is hereby auto-rized to recognize any of the signatures subscribed hereto in the payment of funds of the transaction of any business for this account. The joint owners of this account, hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore of hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment of any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from this credit union. The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions theretofore made. You authorize the credit union to obtain credit reports in connection with account or services for which you make application.		
Signatures	Member Signature	Social Security Number	Date of Birth
	Joint Owner (1) Signature	Social Security Number	Date of Birth
	Joint Owner (2) Signature	Social Security Number	Date of Birth
For Credit Union	Membership Officer Approval Signature	Date	

Return your completed application to:



2630 Linglestown Road ■ Harrisburg, PA 17110 ■ (717) 671-5119 ■ www.postmarkcu.com