



Greater KC  
**PUBLIC SAFETY**  
Credit Union

2800 East 14th Street  
P.O. Box 270020  
Kansas City, MO 64127  
(816) 504-2800

**MEMBERSHIP APPLICATION AND  
ACCOUNT CARD**

**Please complete the highlighted areas below**

<b>INCLUDED ARE ALL OF THE FOLLOWING ACCOUNTS:</b>			Credit Union Use Only:	
<input checked="" type="checkbox"/> General Share Account	<input type="checkbox"/> IRA Share Account	<input checked="" type="checkbox"/> Share Draft/Checking Account	Member No. _____	
<input checked="" type="checkbox"/> Christmas Club	<input checked="" type="checkbox"/> Property Tax Club	<input checked="" type="checkbox"/> Income Tax Club	Branch No. _____	
<input checked="" type="checkbox"/> Vacation Club	<input checked="" type="checkbox"/> Smart Account Money Market	<input checked="" type="checkbox"/> Trust Account	Telecheck Approval _____	
<input checked="" type="checkbox"/> Share Certificate	<input type="checkbox"/> IRA Certificate	<input checked="" type="checkbox"/> Flexible CD		

**I am a new member and I qualify for membership because:**

I  a close relative works for: \_\_\_\_\_ (affiliations)

Name of Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I AM THE**  **PRIMARY ACCOUNT OWNER**  **TRUSTEE** **MY INFORMATION IS AS FOLLOWS:**

<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE</b>		<b>SOCIAL SECURITY #</b>		<b>PASSWORD</b>				
<b>HOME ADDRESS</b> (must be a street address; P.O. Boxes are not acceptable)					<b>APT/UNIT #</b>		<b>CITY</b>		<b>STATE</b> <b>ZIP</b>			
YEARS AT RESIDENCE		<input type="checkbox"/> RENT <input type="checkbox"/> OWN		MONTHLY PAYMENT \$		<b>DRIVER'S LICENSE NUMBER</b>		<b>STATE OF ISSUE</b>		<b>DATE OF BIRTH</b>		
<input type="checkbox"/> I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: <input type="checkbox"/> Government-issued ID Card, No. _____, State: <input type="checkbox"/> U.S. Military ID Card, No. _____ <input type="checkbox"/> U.S. Passport, No. _____ <input type="checkbox"/> Permanent Resident Card, No. _____ <input type="checkbox"/> Other, Describe: _____												
<b>EMPLOYER'S NAME AND ADDRESS</b>				<b>OCCUPATION</b>		<b>POSITION/TITLE</b>		<b>GROSS MONTHLY SALARY</b>		<b>DATE OF HIRE</b>		
<b>OTHER INCOME NOTICE:</b> Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.						OTHER INCOME (GROSS) \$		PER		SOURCE		
<b>HOME PHONE NUMBER</b>			<b>CELL PHONE NUMBER</b>			<b>WORK PHONE NUMBER</b>			<b>HOME E-MAIL ADDRESS</b>		<b>WORK E-MAIL ADDRESS</b>	

**I WOULD LIKE THE FOLLOWING**  **JOINT OWNER**  **ADDITIONAL TRUSTEE** **ON MY ACCOUNT**  
(do not complete if you will be the only owner on the account):

<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE</b>		<b>SOCIAL SECURITY #</b>		<b>PASSWORD</b>				
<b>HOME ADDRESS</b> (must be a street address; P.O. Boxes are not acceptable)					<b>APT/UNIT #</b>		<b>CITY</b>		<b>STATE</b> <b>ZIP</b>			
YEARS AT RESIDENCE		<input type="checkbox"/> RENT <input type="checkbox"/> OWN		MONTHLY PAYMENT \$		<b>DRIVER'S LICENSE NUMBER</b>		<b>STATE OF ISSUE</b>		<b>DATE OF BIRTH</b>		
<input type="checkbox"/> I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: <input type="checkbox"/> Government-issued ID Card, No. _____, State: <input type="checkbox"/> U.S. Military ID Card, No. _____ <input type="checkbox"/> U.S. Passport, No. _____ <input type="checkbox"/> Permanent Resident Card, No. _____ <input type="checkbox"/> Other, Describe: _____												
<b>EMPLOYER'S NAME AND ADDRESS</b>				<b>OCCUPATION</b>		<b>POSITION/TITLE</b>		<b>GROSS MONTHLY SALARY</b>		<b>DATE OF HIRE</b>		
<b>OTHER INCOME NOTICE:</b> Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.						OTHER INCOME (GROSS) \$		PER		SOURCE		
<b>HOME PHONE NUMBER</b>			<b>CELL PHONE NUMBER</b>			<b>WORK PHONE NUMBER</b>			<b>HOME E-MAIL ADDRESS</b>		<b>WORK E-MAIL ADDRESS</b>	

<input type="checkbox"/> <b>I WOULD LIKE THE FOLLOWING</b> <input type="checkbox"/> <b>JOINT OWNER</b> <input type="checkbox"/> <b>ADDITIONAL TRUSTEE</b> <b>ON MY ACCOUNT</b> (do not complete if you will be the only owner on the account):						
LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY #	PASSWORD
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)				APT/UNIT #	CITY	STATE      ZIP
YEARS AT RESIDENCE	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	MONTHLY PAYMENT \$	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH	
<input type="checkbox"/> I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: <input type="checkbox"/> Government-issued ID Card, No. _____, State: <input type="checkbox"/> U.S. Military ID Card, No. _____ <input type="checkbox"/> U.S. Passport, No. _____ <input type="checkbox"/> Permanent Resident Card, No. _____ <input type="checkbox"/> Other, Describe: _____						
EMPLOYER'S NAME AND ADDRESS		OCCUPATION	POSITION/TITLE	GROSS MONTHLY SALARY	DATE OF HIRE	
<b>OTHER INCOME NOTICE:</b> Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.			OTHER INCOME (GROSS) \$	PER	SOURCE	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS		
<b>IF YOU HAVE ADDITIONAL JOINT OWNERS OR TRUSTEES, PLEASE ATTACH A SEPARATE SHEET WITH THE REQUESTED INFORMATION. ALL JOINT OWNERS AND TRUSTEES MUST SIGN THIS APPLICATION.</b>						

<input type="checkbox"/> <b>(Optional)</b> <b>I would like the following Payable-on-Death Beneficiary, who will receive the funds in this account if I die (or, on a joint account, when all joint owners die):</b>					
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	RELATIONSHIP
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	RELATIONSHIP
POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	RELATIONSHIP

<b>ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:</b>	
<input type="checkbox"/> <b>Checks.</b> I would like _____ boxes of checks	
<input type="checkbox"/> <b>E-Statements:</b> Yes, send me my statements in electronic format to my e-mail address listed below. I understand that I will not receive paper statements via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Statement service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the statements in PDF format. Please send statements to the following e-mail address: _____	
<input type="checkbox"/> <b>E-Notices:</b> Yes, send me notices such as change-in-terms or certificate renewals in electronic format to my e-mail address listed below. I understand that I will not receive paper notices via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Notice service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the notices in PDF format. Please send notices to the following e-mail address: _____	
<input checked="" type="checkbox"/> <b>Home Banking, Bill Pay, and Mobile Deposit</b> are available by logging on to our website and following the instructions.	

<b>OVERDRAFTS</b>	
Please tell us how you would like overdrafts to be treated by completing the following: (You must complete BOTH this section and the separate "What You Need to Know about Overdrafts and Overdraft Fees" form)	
1. <b>Overdraft Protection Plan.</b> Under the Overdraft Protection Plan, I may authorize you to pay transactions that would cause an overdraft of my checking account by transferring funds from an existing savings account, or by advancing funds from a line of credit. If I elect Overdraft Protection, you will look to this plan for funds to cover my overdrafts before you use your standard overdraft procedures. If I choose not to elect Overdraft Protection, or I have insufficient funds in my account or insufficient credit available on my line of credit to cover the overdrafts, then your standard overdraft practices will govern. Under those practices, you may (but don't have to) pay checks and automatic bill payments that cause overdrafts; if you do so, you will charge me a fee. If an ATM transaction or one-time debit card transaction causes the overdraft, I must tell you if I want you to pay such transactions or to decline such transactions. (See separate "What You Need to Know About Overdrafts and Overdraft Fees".)	
<input type="checkbox"/> Yes, I would like Overdraft Protection. Please pay any overdrafts in my checking account by withdrawing deposit account funds or charging the loan account as follows: (indicate the order you would like funds transferred by placing 1 for first choice, 2 for second choice, etc. If there are not sufficient available funds in your first choice, then funds will be transferred from your second choice, etc.): _____ General Share Savings Account    _____ Overdraft Line of Credit    _____ Credit Card I will be charged a fee for this service. See Fee Schedule.	
<input type="checkbox"/> No thanks; I will use your standard overdraft practices.	
2. <b>Standard Overdraft Practices.</b> Please complete the separate "What You Need to Know About Overdrafts and Overdraft Fees" document.	

**TIN AND BACKUP WITHHOLDING CERTIFICATION Complete the following section:**

Under penalties of perjury, I certify that the number shown on this Application as my Social Security Number or TIN is my correct taxpayer identification number, and that (check applicable boxes):

- I am not subject to backup withholding due to failure to report interest and dividend income  I am subject to backup withholding  
 I am a U.S. Citizen  I am not a U.S. Citizen and agree to complete a W-8 or other applicable form.

**DEBIT CARD APPLICATION**

(Complete if you would like a debit card attached to your checking account)

Debit Cards allow purchases at merchants who accept the card, and must be attached to a checking account. In order to obtain a Debit Card, you must have a checking account with Greater KC Public Safety Credit Union ("Credit Union"). The card will also allow you to withdraw and transfer funds between Credit Union accounts and at ATM machines.

**1. I would like to apply for a Debit Card as follows:**

- New Card  Replacement Card (a fee may apply)

**2. Joint Owner:**

- Please issue an additional card to the joint owner named above.  
 No, I do not need an additional card at this time.

By signing this Application, I am requesting that the Credit Union issue the above card(s) in order to access my accounts. I understand and agree that you may verify my identity or perform other security measures before issuing any cards, and that if you cannot verify my identity, a card will not be issued. I agree that any cards issued to me remain the property of the Credit Union, and can be cancelled by the Credit Union at anytime. I also agree that the card will be used by me for personal purposes only and that I will safeguard the card and my access codes at all times. I understand and agree that I am responsible for maintaining sufficient funds in my accounts, and overdrawing my accounts may result in overdraft, return item, or non-sufficient funds fees. I further understand and agree that use of my card is subject to my Membership and Account Agreement, Electronic Funds Transfer Disclosures and Agreement, Truth-in-Savings Disclosures, and Rates and Fees Schedule.

ACCOUNT OWNER'S SIGNATURE

DATE

X

**AUTHORIZED SIGNATURES**

By signing below, I am applying for membership in the credit union and/or for the accounts and services indicated. I certify that all information provided in this Application is true and complete to the best of my knowledge. I agree to abide by the Bylaws and other rules of the credit union and agree not to cause any loss to the credit union. I acknowledge receipt of, and agree to the terms of, the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, and Credit Card Disclosures and to any amendments made thereto.

I also authorize you to check my employment and credit history and to obtain credit reports in connection with this application and from time to time to determine my eligibility for credit union products and services, and I acknowledge that you may share information pertaining to my accounts with credit bureaus and others as allowed under applicable law.

**Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.**

**IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means that when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying information.

Shares held at Greater KC Public Safety Credit Union are insured by the National Credit Union Administration.

**The undersigned also agrees to not conduct any unlawful Internet gambling per the Unlawful Internet Gambling Enforcement Act.**

**THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.**

SIGNATURE OF PRIMARY ACCOUNT OWNER

DATE

X

SIGNATURE OF JOINT ACCOUNT OWNER

DATE

X

SIGNATURE OF JOINT ACCOUNT OWNER

DATE

X

SIGNATURE OF JOINT ACCOUNT OWNER

DATE

X

**CREDIT UNION USE ONLY**

Membership Card Received By: \_\_\_\_\_ Comments: \_\_\_\_\_

Original Date of Membership: \_\_\_\_\_

Account Opened or Modified by and date: \_\_\_\_\_