



PROSPECTORS FEDERAL CREDIT UNION

1310 South Valley Vista Drive • Diamond Bar, California 91765
(909) 396-9688 • (800) 913-8637



ADDITIONAL SERVICES REQUEST FORM

Member Name (Print) _____ Account No. _____

I hereby make application for the account(s) indicated below and agree that the account(s) is/are subject to the terms of the Membership Invitation. I understand and agree that the account(s) indicated below are owned by any joint owner(s) set forth on the Membership Invitation.

- SHARE DRAFT CHECKING** Transfer from: Savings Check Enclosed \$ _____
(\$100 minimum to open) Direct Deposit - monthly service fee waived with Direct Deposit
Complete the Overdraft Options section below
- DEBIT CARD** or **ATM CARD**
- CHRISTMAS CLUB** (No minimum to open) Transfer from: Savings Check Enclosed \$ _____
- MONEY MARKET ACCOUNT** Transfer from: Savings Check Enclosed \$ _____
(\$2,500 minimum to open)
- CERTIFICATES** (\$1,000 minimum to open) Term _____ Transfer from: Savings Check Enclosed \$ _____
(term subject to board policy)

TOTAL ENCLOSED \$ _____

OVERDRAFT OPTIONS

Overdrafts can be covered in two different ways or combinations thereof. They are: 1) A transfer from my savings account, with not more than three transfers in any calendar month, or 2) An advance from my Line of Credit, upon approval of credit and subject to terms and conditions of that account, up to my credit limit. If this option is selected the employment / income section below must be completed (check only one box) INCOME VERIFICATION REQUIRED

- Savings only* *Savings, then Line of Credit* *Line of Credit only* *Line of Credit, then Savings* *No Overdraft*

ATTACH INCOME VERIFICATION HERE

Member Employer	Date employed	Monthly wages, before taxes \$ _____
Member Social Security No.	<input type="checkbox"/> Monthly rent or <input type="checkbox"/> Mortgage payment	Total of all other loan payments \$ _____
Joint Owner Name (if applicable)	Joint Owner Employer	Date employed
Joint Owner Social Security No.	<input type="checkbox"/> Monthly rent or <input type="checkbox"/> Mortgage payment	Total of all other loan payments \$ _____

JOINT OWNER INFORMATION

Important Information 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.

What this means for Me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

Social Security No. _____ - _____ - _____

Member Signature **X** _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Mother's Maiden Name _____

(_____) _____
Day Time Phone

(_____) _____
Business Phone

(_____) _____
Pager No.

E-mail _____ Driver's License No. _____ 241738-202E

Joint Owner (please print) _____

Social Security No. _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

(_____) _____ (_____) _____
Home Phone Business Phone

(_____) _____
Pager No. E-mail _____

Driver's License No. _____ Relationship to Primary Owner _____

Joint Owner (please print) _____

Social Security No. _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

(_____) _____ (_____) _____
Home Phone Business Phone

(_____) _____
Pager No. E-mail _____

Driver's License No. _____ Relationship to Primary Owner _____

X _____ Date _____
Joint Owner Signature

X _____ Date _____
Joint Owner Signature

X _____ Date _____
Authorized by Primary Owner

IMPORTANT: IF THIS IS A JOINT ACCOUNT, PLEASE COMPLETE THE JOINT OWNER INFORMATION. FOR CREDIT UNION USE ONLY

VERIFICATION OF ID:

Documentary Method Used (other than Driver's License)*

Type of Document: _____ ID No.: _____

Place of Issuance: _____ Date of Issuance: _____ Expiration Date: _____

Non-Documentary Method Used: _____ Results: _____

Description of Resolution of Any Substantive Discrepancy: _____

ID Verified By (Print Name): _____ Title: _____

Signature: **X** _____ Date: _____

Application Approved By (Print Name): _____ Title: _____

Signature: **X** _____ Date: _____