

Account # \_\_\_\_\_ File # \_\_\_\_\_

### Complete Access® Checking Account Application

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ ZIP \_\_\_\_\_

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

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Eve. Ph. ( \_\_\_\_ ) \_\_\_\_\_ Day Ph. ( \_\_\_\_ ) \_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ Do you  Rent  Own  Live in Qtrs.

Use the above name and address on my checks  Use the attached sheet for name and address

*You can avoid monthly service charges with Direct Deposit of your net pay of \$500 or more.*

**A.** Indicate the amount and source of your initial deposit (minimum \$100)

- Funds Enclosed (check, money order) \$ \_\_\_\_\_
- Transfer from PFCU Account # \_\_\_\_\_ \$ \_\_\_\_\_
- I am funding my checking account with Direct Deposit

**B.** If I qualify, Pentagon Federal Credit Union will establish overdraft protection of \$500. If I want a larger line of credit, I must complete an application for credit and be approved.

I decline overdraft protection

### Check Card/ATM Card/PIN

I request a Pentagon Federal Credit Union Check Card (Visa Check Card) for the individuals named below. By naming these individuals as cardholders, I appoint these individuals as my agents for use of the card. I am responsible for their actions regarding the use of the Card and indemnify and hold harmless Pentagon Federal Credit Union resulting from such use. Please note: Check Card is issued subject to member qualification and account application process.

\_\_\_\_\_

**If you do not have a Personal Identification Number (PIN):** If you mail this form, we will assign you a PIN which you can change later. If you applying in person, you will be asked to select a PIN.

**If you have a PIN:** We will contact you once your checking account is established with instructions for ordering your Check Card. \_\_\_\_\_ (over)

### Pentagon Federal Credit Union Account Agreements

Please keep these Account Agreements with your Pentagon Federal records.

#### Checking Account Agreement

The words "I", "me", "my", "myself" mean each person signing the application for a Checking account. I authorize Pentagon Federal Credit Union (PFCU) to establish a Checking account (hereinafter referred to as "account") in my name, to pay checks signed by me, and to charge all such payments against the shares in my account and I agree to be bound by the terms and conditions herein, now in effect, and as may be amended by PFCU from time to time. I also agree that:

- This account shall not be pledged as collateral or security for any purpose.
- Only check blanks and other methods authorized by PFCU now and in the future may be used to withdraw funds from the account. If so authorized by PFCU, the use by me of a personal identification number for such purpose shall constitute my signature. If I voluntarily give information about my account (such as the PFCU routing number or my account number) to a person who is seeking to sell me goods or services, and I do not physically deliver a check or other authorized negotiable instrument drawn on my account to that person, any debit to my account initiated by the person to whom I gave the information is deemed to have been authorized by me.
- I understand that PFCU may pay checks, drafts, other negotiable instruments, or any other debit transactions drawn against my account in any order it chooses. I also understand that PFCU does not fail to exercise ordinary care in paying an item solely because its procedures do not provide for sight review, or provide for sight review for items above a certain amount or on a sample basis, in its sole discretion. PFCU reserves the right not to sight review drawer signatures because it pays items on an automated basis in order to reduce costs for all members. PFCU is not obligated to pay a check which exceeds the amount of the collected balance in this account. If on any day the available funds in my account are not sufficient to cover the checks and other debit items posted to my account, those checks and items will be handled in accordance with PFCU's normal overdraft policies and procedures. Each check or debit item will, in PFCU's sole discretion, be either paid, and thereby become an overdraft or returned unpaid. My account will be subject to the normal overdraft and returned-item charges then in effect. In the event this account is jointly held, each owner is liable to and will indemnify PFCU for each such check or debit item. In the event of an overdraft on this account, PFCU, in its sole discretion, may transfer funds from any other share account I hold to pay the overdraft.
- PFCU has the right to charge against any balance in this account any indebtedness owed

by any person whose signature appears on the attached application.

- Paid checks become PFCU's property and will not be returned to me. Copies may be provided, if requested, for a nominal fee for each item.
- Should PFCU decline to pay any check, or if I instruct PFCU not to pay a check, PFCU shall not be liable, except for gross negligence, for any action it takes regarding payment or non-payment of a check. I will not date any check later than the date that I write it. If I do and the check is presented for payment before its date, PFCU, in its sole discretion, may return it unpaid, or pay it. If PFCU pays it, PFCU will charge my account. PFCU may, in its sole discretion, pay a check which has a date more than six months old.
- Funds, checks, drafts, negotiable instruments or any other items received in or credited to this account will be subject to collection through normal banking channels and PFCU's hold policy. PFCU may debit my account for any item returned by electronic or any other means at any time, regardless of whether it is timely returned. If PFCU debits my account to cover such a returned item, I understand an overdraft may occur in which case, overdraft fees may be charged to my account and PFCU may transfer funds from any other account I hold to pay the overdraft. PFCU may disregard all information on an item other than the identity of the drawee financial institution, the amount of the item, and any other information encoded onto the item in magnetic ink according to general banking standards, whether or not that information is consistent with other information on the item.
- Periodic statements will be sent by PFCU to me at the last address or in accordance with the last instructions I have given in writing. I agree to keep PFCU informed of my current address. I will carefully review the statement. Any objection which I may have regarding an item or any unauthorized debit or transaction shown on a periodic statement of this account shall be waived unless it is made in writing to PFCU before the expiration of 60 days after the statement has been mailed or transmitted.
- This account shall also be subject to PFCU's Membership Disclosures and such other terms, conditions, charges, and assessments as applicable and as PFCU may establish and amend from time to time. Any terms, conditions, assessments, or charge referred to in this Agreement may be changed at any time upon seven days' written notice mailed or transmitted to my mailing or other address of record. PFCU shall have the right to terminate this agreement without notice and without my consent if an unreasonable number of checks are returned because of insufficient or uncollected funds (over)

Account # \_\_\_\_\_ File # \_\_\_\_\_

### Membership Application

- New Account
  - Name Change
- } Complete both sides of form.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ ZIP \_\_\_\_\_

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

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Eve. Ph. ( \_\_\_\_ ) \_\_\_\_\_ Day Ph. ( \_\_\_\_ ) \_\_\_\_\_

I would like to receive e-statements  I would like to receive paper statements

### Eligibility

**(New members only, please check all that apply)**

**IMPORTANT:** Minimum amount of \$5 is required to open an account  
 check  money order (payable to Pentagon Federal Credit Union)

- A**  Current employment }  Army  Air Force  Coast Guard  DoD  
 Department of Homeland Security  
 Retired from }  Reserve or National Guard  Other \_\_\_\_\_  
Employer's name and address or current duty station: \_\_\_\_\_

**B** Grade/Rank \_\_\_\_\_ (If ret., at time of ret.) \_\_\_\_\_

**C**  Eligible through family member / Name \_\_\_\_\_

**D** Member of:  ASMC  NGAUS  ROA  SCEA  USAWOA  VFW  
 Other \_\_\_\_\_

### Personal Identification Number (PIN)

Please select which time you would like a member service representative to call you to set up your PIN.  Day  Evening \_\_\_\_\_ (over)

### Pentagon Federal Credit Union Account Agreements

Please keep these Account Agreements with your Pentagon Federal records.

#### Membership Agreement

The words "I", "me", "my", "myself" mean each person signing the membership application/signature card including anyone who has access to the account(s).

- I understand that this account shall be governed by the Code of Virginia, federal laws, National Credit Union Administration Rules and Regulations and the bylaws and policies and procedures of the Credit Union and any amendments thereto. This account shall be subject to other terms and conditions which are subject to change upon notice to me.
- I agree that PFCU has the right pursuant to its statutory lien and further, I give my express consent to enable PFCU to charge against any balance in any of my PFCU accounts, including accounts on which I am a joint owner, to include any otherwise statutorily protected funds that may not otherwise be available by legal process, to liquidate any PFCU indebtedness, owed by me or any person who is listed as a joint owner on my accounts with PFCU, including a deceased joint owner. PFCU may take such action without further notice to me or any joint owner. In regard to those funds that have a statutory protection I understand that I may withdraw my express consent for PFCU to apply such funds to pay any such indebtedness by notifying PFCU in writing. If my consent is withdrawn, PFCU may in its sole discretion terminate any and all services that I have with the credit union.
- If I have caused PFCU to incur any loss due to my activities, or if any account at PFCU is maintained by me in a manner that PFCU, in its sole discretion, deems contrary to sound financial practice, I agree that PFCU may terminate all accounts or services which I may receive from PFCU with the exception of my Regular Share account.
- I understand that if all my shares in PFCU are withdrawn, my membership in PFCU may be terminated. Funds in my accounts will be subject to collection through normal banking channels and PFCU's hold policy.
- I agree that my share accounts are not transferable except on the records of PFCU.
- I agree that payment of moneys in the account on the written instructions of

any authorized person excuses PFCU of any further legal obligation regarding the proceeds of the transaction. I agree to indemnify and hold PFCU harmless from any suits or liability, directly or indirectly, resulting from the handling of the account consistent with the written instructions of any authorized person. PFCU may refuse to honor my instruction if it is unclear or the signature appears not to be authentic.

7. Any financial service provided by PFCU may be used for any transaction permitted by law. I agree that illegal use of any financial service will be deemed an action of default and/or breach of contract and such service and/or other related services may be terminated in PFCU's discretion. I further agree, should illegal use occur, to waive any right to sue PFCU for such illegal use or any activity directly or indirectly related to it and additionally I agree to indemnify and hold PFCU harmless from any suits or other legal action or liability, directly or indirectly, resulting from such illegal use.

8. If any of my accounts, either now or in the future are established as a joint account, PFCU is hereby authorized to recognize any one of the signatures subscribed hereto in the payment of funds or 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 or hereafter paid on shares, by any or all of the said joint owners to their credit as such joint owners, with all accumulations thereon, are and shall be owned by them jointly, and be subject to the withdrawal or receipt of any one of them and payment to any one of them or the survivor(s) or the estate(s) of the deceased joint owner(s) — according to the type of joint share account selected, as evidenced by the signatures subscribed hereto — shall be valid and discharge said credit union from any liability for such payment.

A joint owner who is a PFCU member may pledge all or part of the shares in a joint account as collateral security for a loan or loans, and PFCU is authorized to charge at any time against this account any indebtedness owing to it by any of the joint owners.

**NOTE: This Agent's Affidavit and the Statement of Indemnity on the back are required in addition to your Power of Attorney**

## POWER OF ATTORNEY AGENT'S AFFIDAVIT

STATE OF \_\_\_\_\_ )  
\_\_\_\_\_ ) SS.  
COUNTY/CITY OF \_\_\_\_\_ )

Before me, a Notary Public in the State of \_\_\_\_\_ and City of \_\_\_\_\_, personally appeared \_\_\_\_\_ (Agent), after being duly sworn, does depose and state:

1. The undersigned, \_\_\_\_\_ (Agent), SSN \_\_\_\_\_, born on \_\_\_\_\_ (Agent's Birth Date), residing at \_\_\_\_\_

\_\_\_\_\_ (Address) is the Attorney-in Fact appointed by (Grantor/Principal) in a Power of Attorney dated \_\_\_\_\_.

2. The undersigned declares that, at the time of transacting any personal affairs upon behalf of the PFCU member for whom I am acting, I have not received actual knowledge or any notice of the revocation or termination of said Power of Attorney in any manner whatsoever, including death, disability, or otherwise, or notice of any facts indicating the same.

Further the deponent sayeth not.

\_\_\_\_\_ (Agent Name)

The undersigned officer does hereby certify that on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally appeared \_\_\_\_\_ (Agent) who identified himself/herself as the person named in the affidavit above and who executed the foregoing instrument.

\_\_\_\_\_ (Notary Public)

(SEAL)

My commission expires: \_\_\_\_\_



# ESSENTIAL FORMS FOR PENTAGON FEDERAL CREDIT UNION MEMBERS BEING DEPLOYED OR RESTATIONED



**Pentagon Federal  
Credit Union**  
*Superior Rates. Proven Service.®*

Effective December 2008

# KEEP YOUR MIND ON YOUR MISSION

We understand your financial needs and will do everything we can to help you through this important transition.



## CONTACT US

Always online @ PenFed.org

Available seven days a week by phone at 800-247-5626

(7:00 a.m.—1:00 a.m. Eastern Time)

**PenFed.org**

**E-mail: info@HQ.PenFed.org**

**510-DSN-PFCU (376-7328)**  
overseas using an on base, Class A DSN line

*We have branch offices in the following U.S. locations:*

Washington, DC area • Cape May, NJ • Highland Falls, NY  
Fayetteville, NC • Fort Hood, TX • San Antonio, TX  
Kansas City, MO • Colorado Springs, CO • Honolulu, HI

*As well as branch locations overseas:*

Lajes Field, Azores • Incirlik AB, Turkey  
Andersen AFB, Guam • Kadena AB, Okinawa

*Visit us online for branch addresses and hours of operation*

## NOTE: This Statement of Indemnity and the Agent's Affidavit on the back are required in addition to your Power of Attorney

Re. Member Name \_\_\_\_\_

Member No. \_\_\_\_\_

## STATEMENT OF INDEMNITY

I, \_\_\_\_\_ agree for myself, my estate, and my attorney-in-fact to indemnify and hold Pentagon Federal Credit Union (PFCU) harmless against any loss or damage it may sustain in reliance on any Power of Attorney I may issue during or after termination thereof, by operation of law or otherwise, including the period before any actual notice of such termination is received by PFCU. "Actual notice" shall be deemed received by PFCU upon receipt of written notice of revocation of this Power of Attorney.

Signed \_\_\_\_\_

STATE OF \_\_\_\_\_ ) ) SS.

COUNTY/CITY OF \_\_\_\_\_ ) )

Subscribed to and sworn before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Notary Public

(SEAL)

My commission expires: \_\_\_\_\_

## Membership Optional Joint Ownership of Accounts

**Optional: complete this section for joint ownership OR beneficiary designation.**

(If neither joint ownership nor beneficiary designation is desired, leave the information below blank.)  
Joint Account with Survivorship: on the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.

Joint Account without Survivorship: on the death of a party to the account, the deceased party's ownership in the account passes as a part of the party's estate under the party's will, trust, or by intestacy.

- JOINT OWNERSHIP DESIGNATION. Member and joint owner(s) must sign. (If this is desired, complete A for Joint Account with Survivorship or B for Joint Account without Survivorship.)**

We have read the attached Membership and Account Agreement and agree to comply with all its terms and conditions. PLEASE NOTE: Joint ownership does not constitute membership.

SIGNATURE	PRINTED NAME	BIRTH DATE (MM/DD/YYYY)	SSN
Owner		/ /	- - -
Joint Owner		/ /	- - -
Joint Owner		/ /	- - -
Owner		/ /	- - -
Joint Owner		/ /	- - -
Joint Owner		/ /	- - -

- BENEFICIARY DESIGNATION. If more than one beneficiary is named, all beneficiaries will have an equal share.**  
Upon our death this account shall be payable to:

PRINTED NAME	ADDRESS	SSN
_____	_____	- - -
_____	_____	- - -

## Please read this and sign

I hereby make application for membership in the Pentagon Federal Credit Union. I have read the attached Membership and Joint Account Agreement and, if accepted, I agree to comply with these terms and any amendments thereto, and to subscribe to at least one share. I authorize Pentagon Federal Credit Union to obtain a credit report to determine my eligibility for this account or other financial services I may request. Under penalties of perjury, I certify: (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) withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding** (cross out if you are subject to withholding); (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**X** Sig. (member/owner) \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Form 13 (4/05)

## Complete Access Checking, Optional Joint Ownership

**Optional: complete this section for joint ownership OR beneficiary designation.**

(If neither joint ownership nor beneficiary designation is desired, leave the information below blank.)  
Joint Account with Survivorship: on the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.

Joint Account without Survivorship: on the death of a party to the account, the deceased party's ownership in the account passes as a part of the party's estate under the party's will, trust, or by intestacy.

- JOINT OWNERSHIP DESIGNATION. Member and joint owner(s) must sign. (If this is desired, complete A for Joint Account with Survivorship or B for Joint Account without Survivorship.)**

We have read the attached Membership and Account Agreement and agree to comply with all its terms and conditions. PLEASE NOTE: Joint ownership does not constitute membership.

SIGNATURE	PRINTED NAME	BIRTH DATE (MM/DD/YYYY)	SSN
Owner		/ /	- - -
Joint Owner		/ /	- - -
Joint Owner		/ /	- - -
Owner		/ /	- - -
Joint Owner		/ /	- - -
Joint Owner		/ /	- - -

- BENEFICIARY DESIGNATION. If more than one beneficiary is named, all beneficiaries will have an equal share.**  
Upon our death this account shall be payable to:

PRINTED NAME	ADDRESS	SSN
_____	_____	- - -
_____	_____	- - -

## Please read this and sign

**A.** I have read the attached Checking and Joint Share Account agreements and agree to comply with these terms and any amendments thereto; I authorize PFCU to obtain a credit report to determine my eligibility for this account or other financial services;  
**B.** If part 3 is completed, I request a PFCU Check Card or ATM Card for the individual(s) named. I appoint this individual(s) as my agent(s) for use of the Card. I am responsible for their actions regarding use of the Card and indemnify and hold harmless PFCU resulting from such use. I agree to the terms and conditions of the Check Card/ATM agreement provided with the card(s); if not, I will return all cards to PFCU.  
**C.** If I have accepted the TCS overdraft protection provided with a Checking account, I agree to the terms and conditions of the TCS line of Credit Agreement, Promissory Note, and Truth-in-Lending Disclosure provided when my account is opened.  
**D.** Under penalties of perjury, I certify: (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) the IRS has notified me that I am no longer subject to backup withholding** (cross out if you are subject to withholding); (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**X** Sig. (member/owner) \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Form 151 (4/05)

within any specified period, or if any account at PFCU is maintained by me in a manner that PFCU, in its sole discretion, deems contrary to sound financial practices. Any fees or charges mentioned herein may be determined by referring to PFCU's fee schedule. Copies are available by mail, at any branch office, or at [www.penfed.org](http://www.penfed.org).

- In the event that this account is closed during a dividend period, PFCU shall pay to me any dividends earned as of the day of closing the account.
- If this is a jointly-owned account indicated by the signatures of two or more persons on the Signature Card) PFCU is authorized to recognize any of these signatures for the payment of funds or the making of transactions of any type, including use of overdraft authority for Checking accounts even though one of the signatures may not have been previously authorized to access the credit limits of the TCS account providing overdraft protection is maintained on the account. If the account is closed, the account number shall be deleted from the account, close the account, create new special agreements with PFCU regarding the account, and stop payment on any check drawn on the account, including a check drawn by another joint owner. Each joint owner guarantees the signatures of the other joint owners and authorizes the others to endorse checks for deposit if they are unable to any of the joint owners. Each joint owner also authorizes PFCU to exercise its statutory lien and enforce its security interest in the entire joint account, even though only one of the joint owners is the debtor. These rights apply irrespective of who contributed funds to the joint account. PFCU may enforce overdraft liability in the joint account against any joint owner individually.
- If I have an active PFCU VISA account now or in the future, subject to the provisions of the VISA check guarantee as provided in the PFCU VISA Cardholder agreement, PFCU will guarantee to pay my check to a maximum of \$1000, which otherwise would overdraw the account. This guarantee shall supersede any stop payment order placed on a guaranteed check. I understand that any checks paid will be added to my VISA account as a cash advance.
- If I have an active Thrift Credit Service account (TCS) now or in the future, and I also maintain a Checking account, I may have overdraft protection on that account (I have designated, unless this feature is declined by me. If I have a TCS account with PFCU and have been granted overdraft protection, PFCU may, in its sole discretion, pay a check which exceeds the collected balance in my Checking account provided I have sufficient unused credit available in my TCS account. By having overdraft protection, I agree that the presentation of a check that exceeds the balance in my Checking account shall constitute a request for payment of the check subject to my TCS line-of-credit agreement which is incorporated herein by reference. Transfers made under my TCS line-of-credit agreement shall be in the amount of the actual overdraft amount up to my credit limit.

### Joint Share Account Agreement

Pentagon Federal Credit Union is hereby authorized to recognize any one of the signatures subscribed herein in the payment of funds or 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 or on shares, or hereafter or hereafter paid on shares, by any or all of the said joint owners to their credit as such joint owners, with all accumulations thereon, are and shall be owned jointly, and be subject to the withdrawal or receipt of any one of them and payment to any one of them or the survivor(s) or the estate(s) of the deceased joint owner(s) — according to the type of joint share account selected, as evidenced by the signatures subscribed hereon — shall be valid and discharge said credit union from any liability for such payment.  
A joint owner who is a PFCU member may pledge all or part of the shares in this account as collateral security for a loan or loans, and PFCU is authorized to change at any time against the joint owners any of the terms, conditions, or restrictions of such loan or loans.  
These are joint checking shares or certificates of deposit.  
This account shall be governed by the Code of Virginia, Federal Laws, Rules and Regulations and the Bylaws of PFCU and any amendments thereto.