

Members Name:

Account#

VA DESERT PACIFIC FCU

Pay on Death Provision: No Yes (If Yes, please complete page 2)

Membership Account Joint

JOINT OWNER'S NAME (1) PLEASE PRINT

SOCIAL SECURITY NO

OCCUPATION

MOTHER MAIDEN NAME

ADDRESS (NO & STREET/APT. NO)

CITY

STATE

ZIP

HOME PHONE

BUSINESS PHONE

DRIVER LIC #/ EXPIRATION DATE

DATE OF BIRTH

JOINT OWNER'S NAME (2) PLEASE PRINT

SOCIAL SECURITY NO

OCCUPATION

MOTHER MAIDEN NAME

ADDRESS (NO & STREET/APT. NO)

CITY

STATE

ZIP

HOME PHONE

BUSINESS PHONE

DRIVER LIC #/ EXPIRATION DATE

DATE OF BIRTH

All signers on both sides of this card agree to conform to the by-laws of the VA Desert Pacific FCU and any amendments thereof. I/We acknowledge receipt of account disclosures and agreements and agree to the terms therein contained. The Credit Union makes credit available to its members on a regular basis. I/ We authorize the credit union to obtain credit reports in connections with future credit opportunities. Under the penalties of perjury, I/We certify that the information provided on this card is true, correct, and complete

MEMBER'S SIGNATURE

DATE

JOINT OWNER (1)'S SIGNATURE

DATE

JOINT OWNER (2)'S SIGNATURE

DATE