



3900 Crown Road Atlanta, GA 30380
 (404) 768-4126 (800) 849-8431

YOUTH MEMBERSHIP APPLICATION

Please print and complete both pages. Return the completed form to APCU, 3900 Crown Road, Atlanta, GA 30380-0001

Choose one:

- New Youth Membership Application
- Add Joint Owner(s)
- Name Change/Formerly: _____
- Change of Address
- Add an account

To participate in the Youth Membership Program, the child must be the primary owner of the membership. New Members: A minimum deposit of \$25 is required to establish membership. Please attach your check or money order.

Applicant must sign the Youth Membership Application. If the applicant is a child, the child should sign his/her own name. If the child is unable to sign their own name, the parent (or person opening the account) may sign on behalf of the children. The Youth Membership Application should be signed as follows: Susie R. Jones by Bob S. Jones. For multiple party ownership (joint), applicant and joint owner(s) equally own all funds. All owners must sign the Youth Membership Application.

Accounts Opened (check all that apply)	<input type="checkbox"/> Primary Share	<input type="checkbox"/> Share Draft	<input type="checkbox"/> Secondary Share
	<input type="checkbox"/> Holiday Club	<input type="checkbox"/> Vacation Club	Name It: _____
	<input type="checkbox"/> Education Club		

Note: A Visa Check Card, ATM card, KeyTeller Audio Response service and Internet Branch online service will allow a joint owner(s) transfer capability on all accounts, including those not jointly owned.

Date: _____ Member Number: _____

PRIMARY ACCOUNT OWNER (Child's Name as Primary Owner)		
Last Name	First	Middle Initial
Street Address		
City	State	Zip
Social Security/Taxpayer I.D. Number	Your Date of Birth	Mother's Maiden Name
Home Phone	Work Phone	E-mail Address
Driver's License Number	State Issued	Expiration Date.
Post Office Title/Location	No. Years	
If not postal employee, give eligible member's name	Relationship	Account Number

JOINT ACCOUNT OWNER 1	<input type="checkbox"/> Primary Share	<input type="checkbox"/> Secondary	<input type="checkbox"/> Share Draft
	<input type="checkbox"/> Holiday Club	<input type="checkbox"/> Vacation Club	<input type="checkbox"/> Education Club
Last Name	First	Middle Initial	
Street Address			
City	State	Zip	
Social Security/Taxpayer I.D. Number	Jt Owner Date of Birth	Mother's Maiden Name	
Home Phone	Work Phone	E-mail Address	
Employer Name	No. Years		
Driver's License Number	State Issued	Expiration Date	

JOINT ACCOUNT OWNER 2		<input type="checkbox"/> Primary Share	<input type="checkbox"/> Secondary	<input type="checkbox"/> Share Draft
		<input type="checkbox"/> Holiday Club	<input type="checkbox"/> Vacation	<input type="checkbox"/> Education Club
Last Name		First	Middle Initial	
Street Address				
City		State	Zip	
Social Security/Taxpayer I.D. Number		Jt Owner Date of Birth	Mother's Maiden Name	
Home Phone	Work Phone	E-mail Address		
Employer Name			No. Years	
Driver's License Number		State Issued	Expiration Date	

Taxpayer Identification Number Certification and Backup Withholding Information

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as 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, and I am a U.S. person (including a U.S. resident alien).

Signatures

By signing this application you hereby make application for membership in the Atlanta Postal Credit Union and agree to conform to its By-laws and amendments thereof and subscribe for at least one share.

By signing this application, you agree to the terms and conditions of the Membership Account Agreement, Truth-In-Savings with Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement, if applicable, and to any amendment the Credit Union makes from time to time. You acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. You agree: (a) the Credit Union can use credit reporting agencies or otherwise verify the information on this Membership Application for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If the account is opened by mail, the Credit Union will forward all account disclosures to you within 20 business days in accordance with established policy. Your signature acknowledges acceptance of this policy. **The Internal Revenue Service does not require consent to any provision of this document other than certifications required to avoid backup withholding.**

Primary Account Owner Signature	Date
_____	_____
Joint Account Owner 1 Signature	Date
_____	_____
Joint Account Owner 2 Signature	Date
_____	_____

For Credit Union Use only			
Credit Score	_____ Primary	_____ Joint 1	_____ Joint 2
ChexSystems Remarks: _____			

Membership Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	
Account opened by: _____			