

To be eligible for PBEFCU Membership, you must be:

- An Employee of a Pitney Bowes Company OR
- An Immediate Family Member of a Pitney Bowes Employee OR
- A Household Member (who lives in the same residence & maintains a single economic unit)

INSTRUCTIONS FOR APPLICANTS

Print this Membership Application, then fill-out.

Include your opening balance check of \$50
made payable to "PBEFCU"

(PLEASE, DO NOT SEND CASH)

Place in an envelope and **MAIL to:**

Pitney Bowes Employees Federal Credit Union
27 Waterview Drive (27-1A)
Shelton, CT 06484

- Please PRINT all information clearly, SIGN and date.

Pitney Bowes Employees Federal Credit Union

Membership/Savings/Checking Application

Select type of account: Savings Checking (Print both names on checks? (circle) Yes or No

Primary Member - Employee or Family Member

1. Member/Owner _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Soc Sec No. _____ Employer _____ ID # _____

Telephone (Day) _____ (Evening) _____

Driver's License No. _____ State _____ Expiration _____

Email _____

2. Joint Owner _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Soc Sec No. _____ Employer _____ ID # _____

Telephone (Day) _____ (Evening) _____

Driver's License No. _____ State _____ Expiration _____

Email _____

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 you: 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 may also ask to see your driver's license or other identifying documents.

I/We are not subject to backup withholding because (a) I/We have not been notified by the IRS that I/We are subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the IRS has notified me/us that I/We are no longer subject to backup withholding.

I/We are a U.S. person (including a resident alien).

By signing this application each of you jointly and severally agrees to the terms and conditions contained in the Membership and Account Agreement.

Signature _____ Date _____

Signature _____ Date _____

Savings No. _____ Checking No. _____ Initials _____