



# UNIVERSITY OF PENNSYLVANIA STUDENTS FEDERAL CREDIT UNION

3401 Walnut Street, Suite 431A • Philadelphia, PA 19104 • (Phone) 215-222-2604 • (Fax) 215-222-2607

## MEMBERSHIP APPLICATION

<b>PERSONAL INFORMATION</b>				ACCOUNT NUMBER (EMPLOYEE USE)	
LAST NAME		FIRST NAME		M.I.	STUDENT STATUS <input type="checkbox"/> Domestic <input type="checkbox"/> International
DATE OF BIRTH (MM/DD/YYYY)	SSN (XXX-XX-XXXX) OR ITIN for int'l students w/o SSN	Country of Origin		PHONE NUMBER	
PENN AFFILIATION <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Alumnus <input type="checkbox"/> Other (specify) _____				YEAR OF GRADUATION (YYYY)	
EMAIL ADDRESS (NON-PENN)		PENN EMAIL ADDRESS		PENNCARD NUMBER _____	
PERMANENT ADDRESS					
CITY		STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	
LOCAL ADDRESS					
CITY		STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	

### ACCOUNT APPLICATION

<b>ACCOUNT OPTIONS</b> Savings Account is <b>Required</b>		
Checking Account:	<input type="checkbox"/> Regular Checking	<input type="checkbox"/> Signature Checking <input type="checkbox"/> None (Only savings account)
<b>STATEMENT TYPES</b> *The default is monthly E-statements only (free). If you wish to change the default please select one of the following:		
<input type="checkbox"/> No Statements (Online Banking)	<input type="checkbox"/> I would like to receive monthly statements by mail only (additional charges may apply)	<input type="checkbox"/> In addition to e-statements, I would like to receive monthly statements by mail (additional charges may apply)
<i>E-Statements are free, secure, convenient, and environmentally friendly</i>		
<b>OVERDRAFT PROTECTION SERVICES</b>		
<input type="checkbox"/> I would like to upgrade to <b>Full Overdraft Protection</b> . *Fees and restrictions may apply.		

### CARD AND CHECK OPTIONS (FOR CHECKING ACCOUNT APPLICANTS ONLY)

<input type="checkbox"/> <b>ORDER VISA® CHECK CARD</b> *First VISA® Check Card is free. Each additional VISA® Check Card costs \$5.			
Send my VISA® Check Card to:	<input type="checkbox"/> Local Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> SFCU Office (for pick-up)
I would like my four-digit PIN (cannot start with zero) to be _____			

### AGREEMENT TO TERMS AND CONDITIONS

<input type="checkbox"/> I hereby agree to all the by-laws and any amendments thereof in Student Federal Credit Union and subscribed to the par value of one share (\$5) in my Savings Account. I acknowledge the receipt of the Account Disclosure Statements of the Credit Union, available at <a href="https://www.upennsfcu.org/disclosure.pdf">https://www.upennsfcu.org/disclosure.pdf</a> . I acknowledge that terms and conditions in these statements are subject to change without notice. I certify that the information provided on this application is true and correct and that the ownership designated hereon apply to the type of account(s) noted above. (Member Application must be notarized if not submitted in person.)		
<input type="checkbox"/> I understand that I am responsible for reviewing my monthly statements and am subject to the agreements outlined in the fee structure.		
<input type="checkbox"/> I understand that I must make a pledge deposit of \$5 into my account within 30 days of the opening of my account or a fee will be assessed.		
PRIMARY OWNER SIGNATURE		DATE (MM/DD/YYYY)
EMPLOYEE NAME	EMPLOYEE SIGNATURE	DATE (MM/DD/YYYY)