

PERSONAL CREDIT UNION (PCU) APPLICATION

DATE: ____/____/____

PRIMARY MEMBER'S FULL NAME: _____

ACCOUNT NUMBER: _____

MOTHER'S MAIDEN NAME: _____

PERSONAL EMAIL ADDRESS: _____

CONTACT PHONE NUMBER: _____

***By signing this PCU form, you hereby acknowledge the option to access Internet BillPayer.**

PLEASE TYPE THIS FORM OR PRINT LEGIBLY! ANY ERRORS IN THE READING OF THIS FORM WILL DELAY YOUR ENROLLMENT IN PCU. THANK YOU.

SIGNATURE: _____

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OFFICE USE

Please note that there is to be one form per account. If you have more than one account you will need a form for each account. The information needed for each account (items listed above) must be on the main member.

Member Service Signature _____

Date: ____/____/____