

Whether you are a new or existing member, the following All-In-One Application allows you to apply for both membership and other services. Please submit a copy of your driver's license and company I.D. with this completed Application.

GENERAL REQUIRED INFORMATION	
Applicant's Name (Print Last, First, Middle Initial)	Account # (if available)
Street Address	Apt. #
City	State Zip
Home Phone ()	Cell Phone ()
Social Security Number	E-mail Address
Date of Birth	Mother's Maiden Name
Applicant's Driver's License Number	State Issued
Employer	Business Phone ()
If a joint account is desired, please complete this section for the Co-Applicant. CO-APPLICANT	
Co-Applicant's Name (Print Last, First, Middle Initial)	
Street Address	Apt. #
City	State Zip
Home Phone ()	Cell Phone ()
Business Phone ()	Employer
Social Security Number	E-mail Address
Relationship to Applicant	Mother's Maiden Name
Co-Applicant's Driver's License Number	Date of Birth
SIGNATURE(S)	
I (we) hereby apply for Credit Union membership and/or for the products and services outlined in this Application or any subsequent application via Internet, phone, fax or in writing and agree to the Bylaws and any amendments thereof of United Police Federal Credit Union including applicable service charges & TERMS AND AGREEMENTS, which may be amended at anytime. In compliance with the USA Patriot Act, I certify that the information provided in this Application is true & correct and authorization is hereby granted for the Credit Union to determine accuracy, verify identity and establish membership eligibility.	
Applicant (member)	Date
X	
Co-Applicant	Date
X	



**UNITED POLICE
FEDERAL CREDIT UNION**

"Member Value at Its Best"

MAILING ADDRESS

P.O. Box 012439
Miami, FL 33101-2439

MAIN OFFICE

400 N.W. 2nd Ave., Suite 309
Miami, FL 33128-1786

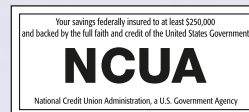
Phone: 305-329-1400

Toll Free: 1-800-609-3277

MIAMI BEACH BRANCH

1100 Washington Ave., #110
Miami Beach, FL 33139

www.unitedpolicefcu.com



ALL-IN-ONE APPLICATION

All-In-One
Application



BENEFICIARY

Name(s) of Beneficiary _____

Beneficiary Address _____

SELECT SERVICES DESIRED

Please check the following boxes for the services you desire. Note: A Regular Savings Account is required to obtain membership and credit union services. When completed, please submit a copy of your driver's license and company I.D. with this Application and mail to United Police Federal Credit Union.

SAVINGS ACCOUNTS (REQUIRED FOR MEMBERSHIP)

Please open a Savings Account (**A Savings Account is required to obtain membership at United Police Federal Credit Union.**)

SELECT ONE: Individual Account Joint Account

Enclosed is my initial Savings Account deposit of \$ _____. You may mail in or visit any office location to make additional deposits or have additional funds electronically deposited into your Savings Account. Call the Credit Union to obtain the direct deposit instructions to give to your Payroll Department.

If you are not a law enforcement employee in Miami Dade County but are related to a member of United Police Federal Credit Union, you are eligible to join by completing the information below. Be sure to enclose an initial deposit of \$5.00, a copy of your driver's license (birth certificate if you are a minor) and a copy of the driver's license of your family member who already has an account with United Police Federal Credit Union.

Family Member Name	Member Number	Relationship

CHECKING ACCOUNTS

I wish to open a Checking Account.
 Enclosed is my initial deposit of \$ _____
 If you would like to have your paycheck electronically deposited into your Checking Account, call the Credit Union to obtain the direct deposit instructions to give to your Payroll Department.

1. SELECT ONE: Individual Account Joint Account

2. SELECT ACCOUNT TYPE:

- Open new "Freedom" Checking Account (A free Checking Account with no minimum balance required.)
- Open new "Managed Fund" Checking Account (Earns interest, \$5,000 minimum opening deposit must be enclosed and maintained.)
- Change my existing Credit Union Checking Account to:
 - Freedom Checking
 - Managed Fund Checking (There must be a minimum of \$5,000 in your Checking Account to choose this option.)

3. SPECIFY: What information you want printed on your checks in addition to your name:

- The name of the Co-Applicant: YES NO
- My home address: YES NO
- My home phone number: YES NO

VACATION & HOLIDAY CLUB ACCOUNT

Open a Vacation Club Account Open a Holiday Club Account

Enclosed is my initial deposit of \$ _____. Please deposit \$ _____ into Vacation Club and/or \$ _____ into Holiday Club.
 Please transfer \$ _____ from my Credit Union Savings or Checking Account on the _____ day of each month to be deposited into my Club Account.

ATM CARD

1. **NEW CREDIT UNION MEMBERS:**
 I wish to apply for an ATM card.
 Please also send the Co-Applicant an ATM Card

2. **EXISTING CREDIT UNION MEMBERS:**
 Please send an ATM Card for the Member (Applicant).
 Please send an ATM Card for the Co-Applicant.
 Please send a PIN number.

VISA CHECK CARD

I wish to apply for a VISA Check Card.
 (A Credit Union Checking Account is required to obtain a VISA Check Card.)

The Co-Applicant wishes to apply for a VISA Check Card.

MANAGED FUND ACCOUNTS

Please open a Managed Fund Account in the amount of \$ _____ (the minimum balance to open is \$5,000).

1. SELECT ONE: Individual Account Joint Account
 Enclosed you will find my check in the amount of \$ _____ and/or transfer \$ _____ from my Credit Union Account Number _____

2. SELECT ACCOUNT TYPE

- Open new Managed Fund Checking Account
- Open new Managed Fund Savings Account.
- Change my existing Credit Union Checking Account to Managed Fund Checking.

3. **FOR MANAGED FUND CHECKING ACCOUNTS ONLY:**
 Specify what information you want printed on your checks in addition to your name:

- The name of the Co-Applicant: Yes No
- My home address: Yes No
- My home phone number: Yes No
- If you would like to have additional funds deposited into your Managed Fund Account, call the Credit Union to obtain direct deposit instructions to give to your payroll department, Social Security office, pension fund administrator, etc.

CREDIT CARD APPLICATION

NEW ACCOUNT REQUEST Platinum MasterCard or Secured MasterCard
 Individual Application or Joint Application

EXISTING ACCOUNT CHANGE REQUEST
 Please make the following changes to my account:
 Platinum MasterCard # 5149- _____ - _____ - _____
 Classic MasterCard #5492- _____ - _____ - _____

- Apply for a line of credit increase.
- Request my account be converted from individual to joint credit.
- Request my secured MasterCard be converted to Classic or Platinum MasterCard.

APPLICANT INFORMATION REQUIRED TO APPLY FOR A NEW CREDIT CARD, LINE INCREASE OR CONVERSION TO A JOINT CREDIT CARD ACCOUNT.

Applicant's Name (Print Last, First, Middle Initial)			
Employer		Job Title	
Employer's Address			
Date of Employment		Gross Monthly Income \$ _____	
Live with Parents? Live with Roommate/Spouse?		Number of Dependents Under Age 18	
Years At Current Address		Own Rent <input type="checkbox"/>	Monthly Payment \$ _____
Name of Friend or Relative	Relationship	Telephone () _____	
Name of Other Reference	Relationship	Telephone () _____	

CO-APPLICANT (FOR JOINT APPLICATIONS ONLY)

Co-Applicant's Name (Print Last, First, Middle Initial)	
Co-Applicant's Employer	
Job Title	
Employer's Address	
Date of Employment	Gross Monthly Income \$ _____

CERTIFICATE ACCOUNTS

Please open a Certificate in the amount of : \$ _____
 Enclosed you will find my check in the amount of: \$ _____ and/or transfer \$ _____ from my Credit Union Account Number _____.

1. SELECT ONE: Individual Account Joint Account* Payable Upon Death

2. TYPE (check one): Regular Certificate IRA Certificate

3. TERM: 3 mo. 6 mo. 7 mo. 1 yr. 2 yr. 3 yr. 4 yr. 5 yr.

4. INTEREST:

- Credit earnings to certificate to maximize yield.
- Credit earnings to my Credit Union Savings Account (not available on IRA Certificates).
- Credit earnings to my Credit Union Checking Account (not available on IRA Certificates).

*Joint Accounts are not permitted with IRAs.