

Credit Union West Membership Application

MEMBER INFORMATION

Account Number:	Please complete one of the following to establish eligibility
Reference code: (to be filled in by CUW Employee)	Zip Code: _____ Or Sponsoring Employer, Association, Organization, etc: _____

TYPE OF ACCOUNT(S)/SERVICES DESIRED

<input type="checkbox"/> Single Party <input type="checkbox"/> Multiple Party with Right(s) of Survivorship	Savings Accounts: <input type="checkbox"/> Membership Share <input type="checkbox"/> Money Market <input type="checkbox"/> Holiday Club <input type="checkbox"/> Other Savings <input type="checkbox"/> IRA, please specify type here: _____	Certificates: <input type="checkbox"/> Smart Saver <input type="checkbox"/> Money Market <input type="checkbox"/> IRA <input type="checkbox"/> Youth	Checking Accounts: <input type="checkbox"/> Star Checking <input type="checkbox"/> FREE Checking	Card Access: <input type="checkbox"/> ATM Access Card <input type="checkbox"/> VISA Check Card <input type="checkbox"/> VISA Credit Card Other: <input type="checkbox"/> TELLERphone <input type="checkbox"/> Home Banking <input type="checkbox"/> Bill Payment	Loans: <input type="checkbox"/> New/Used Auto <input type="checkbox"/> Mortgage <input type="checkbox"/> Home Equity Line of Credit <input type="checkbox"/> Credit Reserve <input type="checkbox"/> Signature Loan <input type="checkbox"/> Secured Loan
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PRIMARY MEMBER INFORMATION

Member's Full Name		Present Home Address		<input type="checkbox"/> Own OR <input type="checkbox"/> Rent Mo Pmt \$
Date of Birth	Mother's Maiden Name	City/State/Zip		How Long There Yrs Mos
S.S.#/TIN	Driver's License #/State	Present Employer		How Long There Yrs Mos
Home Telephone #	Work Telephone #	Employer's Address/City/State/Zip		
E-mail address		Department/Squadron/Position		Monthly Salary
1st ID		2nd ID (Credit Card Type/Exp Date)		

PRIMARY MEMBER SSN/TIN CERTIFICATION

Under penalties of perjury, I certify that:

The number shown on this form is my correct taxpayer identification number, 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 a 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).

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

Signature _____ Date _____

JOINT MEMBER INFORMATION

Member's Full Name		Present Home Address		<input type="checkbox"/> Own OR <input type="checkbox"/> Rent Mo Pmt \$
Date of Birth	Mother's Maiden Name	City/State/Zip		How Long There Yrs Mos
S.S.#/TIN	Driver's License #/State	Present Employer		How Long There Yrs Mos
Home Telephone #	Work Telephone #	Employer's Address/City/State/Zip		
E-mail address		Department/Squadron/Position		Monthly Salary
1st ID		2nd ID (Credit Card Type/Exp Date)		

JOINT MEMBER INFORMATION

Member's Full Name		Present Home Address		<input type="checkbox"/> Own OR <input type="checkbox"/> Rent Mo Pmt \$
Date of Birth	Mother's Maiden Name	City/State/Zip		How Long There Yrs Mos
S.S.#/TIN	Driver's License #/State	Present Employer		How Long There Yrs Mos
Home Telephone #	Work Telephone #	Employer's Address/City/State/Zip		
E-mail address		Department/Squadron/Position		Monthly Salary
1st ID		2nd ID (Credit Card Type/Exp Date)		

PAYABLE ON DEATH DESIGNATION

I hereby designate _____, my _____ at _____ (Telephone #)

(Beneficiary's Full Name) (Relationship to Account Holder) (Beneficiary's Address)

As beneficiary of my _____ account, and I understand that some conditions may apply. (Refer to your Membership and Account Agreement for details).

Signature _____ Date _____

IMPORTANT NOTICE

When applying by mail, please fill in full name(s) and have signature(s) notarized and send a copy of photo ID for verification purposes.

AUTHORIZATIONS

I/we certify that all information contained in this application is true and complete. By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Rate and Fee Schedule and to any amendments the credit union makes from time to time which are incorporated herein. I/we understand that the Membership and Account Agreement and the disclosures applicable to the accounts and services which I/we have opened will be provided to me/us within twenty (20) days. All owners and agents acknowledge receiving a copy of the Membership and Account Agreement which includes the Electronic Funds Transfer disclosures, Funds Availability disclosures, Privacy Policy and Rate and Fee disclosures. The Deposit Account Contract has been emailed to Owner 1 if an address was provided. You understand that you may obtain additional copies of this Contract from us during business hours and copies of the Deposit Account Contract from our Web site at any time. Credit Union West is hereby authorized to verify my/our income, employment and credit worthiness through any source necessary. I understand that additional information may be needed to process my/our requests. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.** By signing below, I hereby authorize the Department of Defense and its various Department Commands to verify my social security number or other identifier and disclose my home address to authorized Credit Union West officials so that they may contact me in connection with my business with Credit Union West. All information furnished will be used solely in connection with my financial relationship with, and remain the property of Credit Union West.

(Name) _____ appeared before me on (date) _____ and identified himself/herself with the following documents, one of which included a photo of the applicant, the applicant's signature, and actual residential address. 1. _____ Number: _____ Exp. Date _____ 2. _____ Number: _____ Exp. Date _____ Signature _____ Date _____	Notary Stamp _____ Date _____ Notary Signature _____	Fingerprint
(Name) _____ appeared before me on (date) _____ and identified himself/herself with the following documents, one of which included a photo of the applicant, the applicant's signature, and actual residential address. 1. _____ Number: _____ Exp. Date _____ 2. _____ Number: _____ Exp. Date _____ Joint Signature _____ Date _____	Notary Stamp _____ Date _____ Notary Signature _____	Fingerprint
(Name) _____ appeared before me on (date) _____ and identified himself/herself with the following documents, one of which included a photo of the applicant, the applicant's signature, and actual residential address. 1. _____ Number: _____ Exp. Date _____ 2. _____ Number: _____ Exp. Date _____ Joint Signature _____ Date _____	Notary Stamp _____ Date _____ Notary Signature _____	Fingerprint

FOR CREDIT UNION USE ONLY

Account #	Opened By	Eligibility	Date Opened	Branch
Other Account #s		Mktg/Promo Code	Flag/Reason	Flag/Reason
<input type="checkbox"/> Check Card	<input type="checkbox"/> Access Card	Credit Code	Memo #	Text
COMMENTS				

ID VERIFICATION Communication Log

Date	Contact Institution	Phone #	Representative	Comments	Teller Initials



We do business in accordance with the Equal Credit Opportunity Act.