

Membership Application

MEMBER INFORMATION

Account Number _____			Designate the ownership of the accounts and responsibility for the services requested		
<input type="checkbox"/> Checking	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Auto Loan	<input type="checkbox"/> Conservatorship	<input type="checkbox"/> Joint with Right of Survivorship	
<input type="checkbox"/> eStatements	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust	
			<input type="checkbox"/> Individual		
Member Name _____			Joint Owner Name _____		
Street _____			Street _____		
City/State/Zip _____			City/State/Zip _____		
Extra Address _____			Extra Address _____		
Phone Numbers Work _____ Ext. _____			Phone Numbers Work _____ Ext. _____		
Home _____		Cell _____	Home _____		Cell _____
Email _____			Email _____		
SSN/TIN _____		Birth Date _____	SSN/TIN _____		Birth Date _____
ID Number _____		Issued By _____	ID Number _____		Issued By _____
Issue Date _____		Expiration Date _____	Issue Date _____		Expiration Date _____
Mother's Maiden Name _____			Mother's Maiden Name _____		
Employer _____		Occupation _____	Employer _____		Occupation _____

PAYABLE ON DEATH

Not applicable to trust accounts

Beneficiary 1 Name _____		Beneficiary 2 Name _____	
SSN _____		SSN _____	
Birth Date _____		Birth Date _____	

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account agreement, Truth-in-Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement. **I/we authorize you to check account, credit and employment history and obtain a credit report from third parties, including credit reporting agencies to verify eligibility for the accounts and services I/we requested. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

The USA Patriot Act requires us to obtain, verify and record information that identifies each person who opens an account.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with IRS W-9 Instructions provided by the Credit Union and under penalties of perjury that: (1) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown on this form is my/the correct identification number (2) 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. Person (including U.S. resident alien).

X _____ Signature (Member)	Date	X _____ Signature (Joint Owner)	Date
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***Please attach a copy of Identification for all Account Owners**

FOR CREDIT UNION USE ONLY

Member Eligibility	_____
Date	_____
Westerra CU Rep	_____