



Membership Application

Verification of Identity-USA PATRIOT ACT & ULCU

Federal law requires that we verify the identity of each person who opens an account. We will ask to see your government-issued photo ID and/or other identifying documents. We may confirm information you provided with third parties.

MEMBER/OWNER INFORMATION (Please Print)

Primary Member	Joint Owner #1	Joint Owner #2
Name	Name	Name
Mailing Address	Mailing Address	Mailing Address
City State Zip	City State Zip	City State Zip
Home Phone Work/Cell Phone	Home Phone Work/Cell Phone	Home Phone Work/Cell Phone
Employer /Title Employer Address	Employer /Title Employer Address	Employer /Title Employer Address
SSN/TIN Birth Date	SSN/TIN Birth Date	SSN/TIN Birth Date
License/ID# Eligible Because	License/ID#	License/ID#
Email	Email	Email
Physical Address (if different)	Physical Address (if different)	Physical Address (if different)
US Citizen _____ Resident Alien _____ Non-Resident Alien: _____ Origin Country	US Citizen _____ Resident Alien _____ Non-Resident Alien: _____ Origin Country	US Citizen _____ Resident Alien _____ Non-Resident Alien: _____ Origin Country

TAX ID CERTIFICATION & SIGNATURES

By signing below, I/we agree to the terms and conditions of the Credit Unions Master Account Agreement and Disclosure, Truth in Savings Disclosure, Funds Availability Policy 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 Master Account Agreement and Disclosures applicable to the accounts and services requested. This Master Account Card can only be changed in writing by completing appropriate Credit Union documents. I authorize you to take steps necessary to verify information provided in this application.

Under penalties of perjury I certify that:

Yes No The number shown on this form is my correct taxpayer identification number ; and
 Yes No I have been notified by the IRS that I am subject to back-up withholding due to failure to report interest and/or dividend income on my tax return;and
 Yes No I am a U.S citizen (including a U.S resident alien).

	Credit Union Use Only
	Date Opened:
SIGNATURE OF MEMBER DATE	Opened By:
	Reviewed By:
SIGNATURE OF JOINT OWNER DATE	Member Number:
	Draft ID Number:
SIGNATURE OF JOINT OWNER DATE	

PLEASE TURN OVER FOR MORE INFORMATION



Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government

NCUA

National Credit Union Administration, a U.S. Government Agency

Application Type

- New Member
- Second account-I am already a member
- Update existing account
- Name change from _____ to _____
- Other _____

Account Ownership

- Individual
- Joint with spouse
- Joint with one or more additional owners

Type of Account

- Personal Other _____
- Joint
- IRA
- Youth (No Fee to Open)

Financial Services

- Touch-Tone Teller Joint Owner Cards
- Checking Account
- Christmas Club **Savings Overdraft**
- Visa Debit Card Opt-In Opt-Out
- Virtual Branch **Courtesy Pay**
- Pay-it (Bill payer) Opt-In Opt-Out
- Money Market **Debit Card Courtesy Pay**
- IRA account Opt-In Opt-Out

DESIGNATION OF PAY ON DEATH (P.O.D) BENEFICIARY FOR SHARE PROCEEDS

Member's designation of Pay-on-Death (P.O.D) Beneficiary(ies), who will receive Share Proceeds of this account in the event of Member's death or upon the death of the last surviving joint owner, appears below and is hereby incorporated. In the event of your death, if no joint owner survives you, you hereby designate each of the following, if then living, as your beneficiary(ies) for any Share proceeds payable under this share account. Member and other owner(s) agree on their behalf and on behalf of their heirs, assigns, personal representatives and all other persons claiming through them to indemnify and hold the Credit Union harmless from all loss or damage by reason of such payment.

BENEFICIARY INFORMATION (please print): All areas must be completed in order to designate your beneficiary

NAME	DL #	SSN#	PERCENTAGE
DATE OF BIRTH	RELATIONSHIP	ADDRESS	
NAME	DL #	SSN#	PERCENTAGE
DATE OF BIRTH	RELATIONSHIP	ADDRESS	
NAME	DL #	SSN#	PERCENTAGE
DATE OF BIRTH	RELATIONSHIP	ADDRESS	

FOR CREDIT UNION USE ONLY

Account #	Draft#	OFAC	
Primary Owner	Joint#1	Joint#2	POD #1
<input type="checkbox"/> Accept	<input type="checkbox"/> Accept	<input type="checkbox"/> Accept	<input type="checkbox"/> Pass
<input type="checkbox"/> Decline	<input type="checkbox"/> Decline	<input type="checkbox"/> Decline	<input type="checkbox"/> Fail
<input type="checkbox"/> Existing	<input type="checkbox"/> Existing	<input type="checkbox"/> Existing	
CIP/Primary ID Used to Verify Member			POD #2
<input type="checkbox"/> CDL	<input type="checkbox"/> CDL	<input type="checkbox"/> CDL	<input type="checkbox"/> Pass
<input type="checkbox"/> State ID	<input type="checkbox"/> State ID	<input type="checkbox"/> State ID	<input type="checkbox"/> Fail
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
OFAC/Address Check			POD #3
<input type="checkbox"/> OFAC check	<input type="checkbox"/> OFAC check	<input type="checkbox"/> OFAC check	<input type="checkbox"/> Pass
<input type="checkbox"/> Address match	<input type="checkbox"/> Address match	<input type="checkbox"/> Address match	<input type="checkbox"/> Fail
Second ID _____	Second ID _____	Second ID _____	
<input type="checkbox"/> Debit Order Complete	<input type="checkbox"/> Pay it Complete	<input type="checkbox"/> Courtesy pay	
<input type="checkbox"/> Touch Tone Complete	<input type="checkbox"/> Virtual Branch Complete		

Notes/Comments

I have formed a reasonable belief that I know the true identity of the account owners shown on the account card. I certify that the applicants on this account card are eligible for membership.

Signature of employee	Tlr #	Date