

Membership Application and Information

Designate the ownership of the accounts and responsibility for the serves requested.

Individual

Account Owner _____

Address _____

Phone H (____) _____

W (____) _____

C (____) _____

Account Owner _____

Address _____

Phone H (____) _____

W (____) _____

C (____) _____

Joint with Rights of Survivorship

E-Mail _____

SSN/TIN _____

Driver's Lic. No. _____

Birthdate _____

Mother's Maiden Name _____

Occupation _____

E-Mail _____

SSN/TIN _____

Driver's Lic. No. _____

Birthdate _____

Mother's Maiden Name _____

Occupation _____

Account Designation

Payable on Death (POD) Account

All Accounts

Designated specific amount(s)

Payee/Beneficiary _____

Address _____

Payee/Beneficiary _____

Address _____

UTTMA (As custodian for _____ (minor) under the Washington Uniform Transfers to Minors Act)

Services

Share Savings

No. _____

Online Banking

Other _____

Share Draft

No. _____

Mobile Banking

VISA Debit Card

No. _____

Overdraft Transfer

For Credit Union Use Only

OFAC Verified _____

ID Iss/Exp. _____

Date of Membership _____

Chexsystem Verified _____

ID Iss/Exp. _____

Opened/Approved By _____