



# MEMBERSHIP APPLICATION

Account Number (Credit Union Use Only): \_\_\_\_\_

## Primary Member & Joint Owner Information

Last Name			First Name			Middle Initial			Last Name			First Name			Middle Initial		
Driver's License/Govt. ID			ID Type	Exp. Date	Social Security #/ITIN			Driver's License/Govt. ID			ID Type	Exp. Date	Social Security #/ITIN				
Street Address –Include Apt. No. or Letter (no post office boxes)									Street Address –Include Apt. No. or Letter (no post office boxes)								
City				State		Zip Code			City				State		Zip Code		
Home Phone ( ) ( ) ( )			Work Phone & Ext. ( ) ( ) ( )			Cell Phone ( ) ( ) ( )			Home Phone ( ) ( ) ( )			Work Phone & Ext. ( ) ( ) ( )			Cell Phone ( ) ( ) ( )		
Email									Email								
Employer				Occupation					Employer				Occupation				
Work Address –Include Site or Building No.									Work Address –Include Site or Building No.								
City				State		Zip Code			City				State		Zip Code		
Place of Birth			Date of Birth			Mother's Maiden Name			Place of Birth			Date of Birth			Mother's Maiden Name		

**BENEFICIARY(S):** If I request an individual account(s), then the party(s) listed below will be considered my Pay on Death (POD) payee(s) beneficiary(s) and if they survive me they will receive any unencumbered amounts in my credit union account(s) after my death. If I have requested a joint account with another party, then listed below will be considered my Pay on Death (POD) payee(s) beneficiary(s). Upon the death of the last surviving account owner, the unencumbered funds shall be paid out equally to surviving POD payee(s).

Pay on Death Payee/Beneficiary (Other than Joint Owner)	Relationship to Primary Owner
Pay on Death Payee/Beneficiary (Other than Joint Owner)	Relationship to Primary Owner

## Member Eligibility (Choose One):

<input type="checkbox"/> I am an employee /retiree of DWP <input type="checkbox"/> I am an employee of WPCCU <input type="checkbox"/> I am employed by one of WPCCU's Select Employee Groups (SEGs). Name of SEG _____ <input type="checkbox"/> I live, <input type="checkbox"/> work, <input type="checkbox"/> worship, or <input type="checkbox"/> attend post-secondary school within one of the credit union's qualified communities. The qualified address or zip code is: _____ <input type="checkbox"/> My immediate family member is a WPCCU member. (Member's name/ relationship) _____	I heard about the credit union from: <input type="checkbox"/> A friend <input type="checkbox"/> A co-worker <input type="checkbox"/> My employer <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> TV/Cable <input type="checkbox"/> Direct Mail <input type="checkbox"/> Website/ Internet <input type="checkbox"/> Magazine <input type="checkbox"/> Community event <input type="checkbox"/> Other: _____
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## Selection of Service & Initial Deposit

<input type="checkbox"/> Membership Fee \$5.00 (Required for Membership)	\$ _____	<input type="checkbox"/> Debit Card
<input type="checkbox"/> Regular Share Account (\$25.00 Minimum Deposit -Required for Membership)	\$ _____	<input type="checkbox"/> Additional Card for Joint Owner
<input type="checkbox"/> Money Market	\$ _____	<input type="checkbox"/> Online Banking
<input type="checkbox"/> Share Certificate	\$ _____	<input type="checkbox"/> Bank by Phone
<input type="checkbox"/> Checking Account (\$10.00 Minimum Deposit)	\$ _____	
<input type="checkbox"/> APEX <input type="checkbox"/> Advantage <input type="checkbox"/> Power <input type="checkbox"/> MyStart <input type="checkbox"/> Check order. Quantity _____		
<b>TOTAL DEPOSIT \$ _____</b>		<input type="checkbox"/> Cash <input type="checkbox"/> Checks

## Agreement and Signatures

By signing this application, I hereby make application for membership in Water and Power Community Credit Union and agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Account Agreement, Truth in Savings Disclosure, and Electronic Services Disclosure and Agreement, all of which I will receive upon opening my applicable account(s). I understand and agree that this Signature Card shall govern the Regular Share Savings Account and other accounts designated on this form. I authorize you to open other accounts for me in person or by my telephone or written request.

I authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others as permitted by law. I understand and agree that you may retain this Signature Card and any other information you may receive.

**I certify under penalties of perjury that: (1) The number shown on this form is my correct Social Security Number/Taxpayer Identification Number, (2) I am not subject to backup withholding because: (a) 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 (3) I am a U.S. person (including resident alien).**

**The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.**

X _____ Date _____	X _____ Date _____
Primary Owner Signature	Joint Owner Signature

## CREDIT UNION USE ONLY

Application processed and verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

OFF-SITE/SEG     BRANCH OFFICE 1 2 3 4 10 11     DEALER SITE SALE     CHEXSYSTEMS     OFAC     E-NOTE: \_\_\_\_\_  
 OPENED ACCOUNT SHARES ONLY     OPENED ACCOUNT SHARES & CHECKING     SECONDARY ID     OTHER: \_\_\_\_\_

ACCOUNT STATUS CODE: \_\_\_\_\_ MSR COMMENTS: \_\_\_\_\_ MGR. SIGNATURE: \_\_\_\_\_