Water and Power Community Credit Union
Powering Your Future™

MEMBERSHIP APPLICATION

Account Number (Credit Union Use Only):

Primary Member & Joint Owner Information

Primary Member					Joint Owner				
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 unemcumbered 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):

❒ I am an employee /retiree of DWP ❒ I am an employee of WPCCU
❒ I am employed by one of WPCCU's Select Employee Groups (SEGs).
Name of SEG _____
❒ I live, ❒ work, ❒ worship, or ❒ attend post-secondary school within one of the credit union's qualified communities. The qualified address or zip code is: _____
❒ My immediate family member is a WPCCU member. (Member's name/ relationship)
_____

I heard about the credit union from:
❒ A friend ❒ A co-worker
❒ My employer ❒ Radio
❒ Newspaper ❒ TV/Cable
❒ Direct Mail ❒ Website/ Internet
❒ Magazine ❒ Community event
❒ Other: _____

Selection of Service & Initial Deposit

❒ Membership Fee $5.00 (Required for Membership)	$ _____	❒ Debit Card
❒ Regular Share Account ($25.00 Minimum Deposit -Required for Membership)	$ _____	❒ Additional Card for Joint Owner
❒ Money Market	$ _____	❒ Online Banking
❒ Share Certificate	$ _____	❒ Bank by Phone
❒ Checking Account ($10.00 Minimum Deposit)	$ _____	

❒ APEX ❒ Advantage ❒ Power ❒ MyStart
❒ Check order. Quantity _____

TOTAL DEPOSIT $ _____ **❒ Cash ❒ 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_____
Primary Owner Signature

X_____ Date_____
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:** _____