

MEMBERSHIP APPLICATION & ACCOUNT CARD

TYPE OF ACCOUNTS									
Account Number: (OFFICE USE ONLY>Assigned when account is opened)									
☐ Individual ☐ Joint									
How Did You Hear About Us? BDO									
☐ Debit Card									
☐ Regular Savings ☐ Apex Checking (high			-yield) * Online Banking		* Alerts (Account monitoring)				
☐ Cub Account (Ages 10 & Under) ☐ Free Plus Interest Ch				* Mobile Check Deposit					
☐ iPlus Youth Savings (Ages 11 & 12) ☐ Money Market (Min				* Direct Deposit (Get paid up to 2 days early)					
☐ iProsper Teen Savings (Ages 13-17) ☐ Certificate (Min. to o			r uperiess statements						
☐ Prime Time Savings (Ages 60 & over) ☐ Holiday Savings Club *Enroll in these free services at providencecu.org w						ur new Account #.			
PRIMARY ACCOUNT HOLDER INFORMATION									
First Name Middle Na		ame Last Name		Social Security #					
					D. C. C. II				
Street Address		City, State & Zip		Date of Birth					
Home Phone #	Cell Pho	ne #		Driver's License / Identification#	Issue Date	Exp. Date			
				Issuing State:					
Current Employer		Occupation/Title		Mother's Maiden Name					
Work Phone # Email Address		Email Address							
First Name Middle Name Last Name					Social Security #				
riist Name		Last Name		Social Security II					
Street Address			City, State & Zip		Date of Birth				
Home Phone # Cell Phone #		ne #	Driver's License / Identification# Issuing State:		Issue Date	Exp. Date			
Current Employer			Occupation/Title		Mother's Maiden Name				
Work Phone # Email Address									
□ JOINT									
First Name Middle Name		Last Name		Social Security #					
Street Address		City, State & Zip		Date of Birth					
Home Phone # Cell Phone #			Driver's License / Identification#	Issue Date	Exp. Date				
				·					
Current Employer		Issuing State: Occupation/Title		Mother's Maider	Mother's Maiden Name				
Current Employer			capation, ride	Wiodiei 3 Wididei	. raine				
Work Phone # Email Address									

ADD A BENEFICIARY (OPTIONAL) The to	tal percentage for all beneficiaries must	t add up to 100%.				
Beneficiary Name 1						
		%_	distribution			
Beneficiary Name 2		%	1			
TIN CERTIFICATION AND DACKUR MUTUU	OLDING INFORMATION	70_	distribution			
TIN CERTIFICATION AND BACKUP WITHH						
" y signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN)/taxpayer identification number (TIN) shown is my/the correct identification number and I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.						
lacksquare I am subject to backup withholding	☐ I am not a United States citizen or re	esident (complete W-8 form)	☐ Exempt			
PRIMARY ACCOUNT HOLDER INFORMAT	ION					
By signing below, you certify that the information on this Membership Application is complete, true, and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Membership Application for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to the terms of the following Agreements applicable to the Accounts and Services Requested. • Membership and Account Agreement. You acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Available Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. You also pledge to us and grant a security interest in all your shares and deposits in the Credit Union including future additions, as security for advances under the Open End Credit Plan and Credit Card Agreement. • Overdraft Loan Agreement. If an Overdraft Loan Account is requested and provided, you acknowledge receipt of and agree to the terms of the Open End Credit Plan Disclosures and Credit Agreement. • Credit Card Agreement. If a Credit Card Account is requested and provided to you, you acknowledge receipt of and agree to the terms of the Credit Card Agreement which governs your Credit Card account. • Electronic Funds Transfer Agreement. If an access card or Electronic Funds Transfer (EFT) Service is requested and provided, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.						
backup withholding.			DATE			
PRIMARY ACCOUNT HOLDER SIGNATURE			DATE			
X			DATE			
JOINT SIGNATURE	DATE					
X						
JOINT SIGNATURE	DATE					
X						
CREDIT UNION USE ONLY						
Beacon Score(s)	Last 4-digits on Card	Type of Card Approved: 🗖	Debit			
Employee's Initial						
Next Stens to Complete Your /	Application:					

Next Steps to Complete Your Application:

photo 🏽

- 2. Choose Your Submission Method:
 - Select one of the options below to send your completed application and photo ID:
 - o **Option 1:** Upload to our secure site at www.providencecu.org/secure
 - Option 2: Email with subject line #secure# to katiej@providencecu.org
 - o **Option 3:** Fax to 503-907-9049