



Membership Application

TYPE OF ACCOUNTS/SERVICES REQUESTED

Member Account #: _____ (OFFICE USE ONLY>Assigned when account is opened)

Individual Joint Other _____

How Did You Hear About Us?

Eligibility based on:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Regular Savings | <input type="checkbox"/> Free Checking | <input type="checkbox"/> Free Online Banking | <input type="checkbox"/> Free Mobile Banking |
| <input type="checkbox"/> iPlus Youth Savings (Ages 12 & under) | <input type="checkbox"/> Money Market | <input type="checkbox"/> Free Bill Pay | <input type="checkbox"/> Free eAlerts! |
| <input type="checkbox"/> iProsper Teen Savings | <input type="checkbox"/> Certificate of Deposits | <input type="checkbox"/> Free eStatements | <input type="checkbox"/> Free Phone Access Teller |
| <input type="checkbox"/> Prime Time Savings (Ages 60 & over) | <input type="checkbox"/> Christmas Club | <input type="checkbox"/> Free Text Banking | <input type="checkbox"/> Free Direct Deposit |

PRIMARY ACCOUNTHOLDER INFORMATION

First Name	Middle Name	Last Name	Social Security #	
Street Address		City, State & Zip	Date of Birth	
Home Phone #	Cell Phone #	Driver's License (DL) #	DL Issue Date	DL Exp. Date
Present Employer			Issuing State:	
Work Phone #			Mother's Maiden Name	
email Address				

JOINT ACCOUNTHOLDER #1

First Name	Middle Name	Last Name	Social Security #	
Street Address		City, State & Zip	Date of Birth	
Home Phone #	Cell Phone #	Driver's License (DL) #	DL Issue Date	DL Exp. Date
Present Employer			Issuing State:	
Work Phone #			Mother's Maiden Name	
email Address				

JOINT ACCOUNTHOLDER #2

First Name	Middle Name	Last Name	Social Security #	
Street Address		City, State & Zip	Date of Birth	
Home Phone #	Cell Phone #	Driver's License #	DL Issue Date	DL Exp. Date
Present Employer			Issuing State:	
Work Phone #			Mother's Maiden Name	
email Address				

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By 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.

- I am subject to backup withholding
- I am not a United States citizen or resident (complete W-8 form)
- Exempt

SIGNATURE(S)

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.

The Internal Revenue Service does not require your consent to any provision of this Account Card other than the certifications required to avoid backup withholding.

PRIMARY ACCOUNTHOLDER SIGNATURE	DATE
ACCOUNTHOLDER #1 SIGNATURE	DATE
ACCOUNTHOLDER #2 SIGNATURE	DATE

If you are mailing, emailing or faxing this Membership Application, please include a copy (front and back) of your State or Government issued ID card.

Thank you! We look forward to having you as a member!

Mailing address: 6400 SE Lake Road, Suite 125, Milwaukie, OR 97222

email address: service@providencecu.org

Fax number: (503) 513-8770