

White Crown Membership Application

Membership Eligibility

Individual Account

Joint Account

Savings

Checking

Debit Card/ATM

Money Market

Share Certificate

MEMBER NAME (Last, First, MI)

SSN Birthdate

Home Address City State Zip

Home Phone Work Phone (optional)

Email (optional)

Driver's License # Mother's Maiden Name

Closest Relative Not Residing with You Home Phone

Pay on Death Beneficiary

JOINT OWNER'S NAME (Last, First, MI)

SSN Birthdate

Home Address City State Zip

Home Phone Work Phone (optional)

Email (optional)

Driver's License # Mother's Maiden Name

Closest Relative Not Residing with You Home Phone

Pay on Death Beneficiary

SIGNATURE: By signing below, the undersigned agree(s) to the applicable terms and credit union by-laws stated on the front and back of this contract and also agree(s) to the terms and conditions stated on the separate Account Information Disclosure and acknowledge its receipt in relation to any approved accounts. I (we) have been given a copy of the credit union's Privacy Disclosure. By signing below, I (we) certify under penalties of perjury, I (we) certify that: **(1)** The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **(2)** I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 a U.S. resident alien).

INSTRUCTIONS: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person. The undersigned certify that the information provided on this application is true and correct and that the terms on this application apply to all listed accounts. I (We) also authorize the credit union to verify and obtain a credit report and other information the credit union may deem necessary concerning my (our) credit standing. If this application is approved and a credit card(s), debit card(s) or ATM card(s) are issued, the undersigned applicant(s) by signing, using or permitting another to use the card(s) agree(s) that the applicant(s) will be bound by the terms and conditions accompanying the card(s) and all amendments. ATM and debit card(s) are subject to an annual fee.

If MAILING APPLICATION, please include a copy of your valid State ID and \$20 for the membership fee and initial deposit.

MEMBER'S SIGNATURE Date

JOINT OWNER'S SIGNATURE Date

Credit Union Use Only Approval Date \$ Initial Deposit

