Utilities Employees Credit Union
800-288-6423
P.O. Box 14864 - Reading, PA 19612

Membership Application

Section 326 of the USA PATRIOT Act requires the Credit Union to obtain, verify, and record information that identifies each person who opens a membership account. We must also verify the identity of any person added as a signatory to any new or existing deposit account. You may be asked to provide a form of identification if the Credit Union is unable to verify your identity electronically.

*Primary Account Owner

Name
First MI Last, Suffix (if any)

Date of Birth (mm/dd/yy) Social Security Number

Mailing Address
Street or PO Box

Email –*necessary for home banking and emergency contact*

City, State ZIP Code

Employer Employer ZIP Code

Physical Address (if different)
Street (not PO Boxes)

Home Phone (with Area Code)

City, State ZIP Code

Work Phone (with Area Code and Extension, if any)

Driver's License
State of Issue Expiration Date

Cell Phone (with Area Code)

License Number/DMV Photo ID Number

Mother's Maiden Name

Joint Account Owner(s)

A joint account is payable to any account owner. The Credit Union can accept deposits from or process withdrawals for any owner. A joint account is owned jointly with right of survivorship, which means the interest of a deceased account will pass to the surviving owner(s). All joint owners agree to be bound by the terms in the Signature section of this form and in the Joint Account Ownership Agreement included in the Account Agreement and Disclosures Booklet that will be provided with your new member packet.

Name
First MI Last, Suffix (if any)

Date of Birth (mm/dd/yy) Social Security Number/TIN

Mailing Address
Street or PO Box

City, State ZIP Code

Physical Address (if different)
Street (not PO Boxes)

City, State ZIP Code

( ) ( ) ( )
Home Phone Work Phone Cell Phone

Email – *necessary for home banking and emergency contact*

Employer Employer ZIP Code Mother's Maiden Name

Driver's License
State of Issue Expiration Date

License Number/DMV Photo ID Number

Name
First MI Last, Suffix (if any)

Date of Birth (mm/dd/yy) Social Security Number/TIN

Mailing Address
Street or PO Box

City, State ZIP Code

Physical Address (if different)
Street (not PO Boxes)

City, State ZIP Code

( ) ( ) ( )
Home Phone Work Phone Cell Phone

Email – *necessary for home banking and emergency contact*

Employer Employer ZIP Code Mother's Maiden Name

Driver's License
State of Issue Expiration Date

License Number/DMV Photo ID Number

Do you have children at home? (optional)

Name Date of Birth

Name Date of Birth

Name Date of Birth

UECU office use only

Verify Eligible _____ Date _____
Entered _____ Date _____
DS Verify _____ Date _____
Account # _____

* *Required sections.*

Savings Account Trust

A Savings Account Trust is a share account that is payable after death of the owner to one or more designated individuals. The owner has complete control and ownership of the account during his or her lifetime. The account beneficiary is not authorized to receive balance information, perform transactions, or receive any proceeds until the owner is deceased. Multiple beneficiaries share funds equally upon the death of the account owner(s).

Beneficiary _____
First MI Last, Suffix (if any) Relationship

_____
Social Security Number/TIN Date of Birth (mm/dd/yy)

Beneficiary _____
First MI Last, Suffix (if any) Relationship

_____
Social Security Number/TIN Date of Birth (mm/dd/yy)

TIN Certification/Backup Withholding

Under penalty of perjury I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number (TIN);
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result or failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding;
3. I am a U.S. person (including a U.S. resident alien).

Certification 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 you tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person. *Note: If you are awaiting a Taxpayer Identification Number, the number must be provided within 60 days to avoid backup withholding.*

Electronic Services

PAL™ (automated banking by touch-tone phone) and *Advantages Online*™ (Internet banking) are services offered with every new account (except those owned solely by someone under age 13). Both services allow you to access your UECU accounts and perform transactions 24 hours a day. You will receive instructions on selecting access codes and making inquiries and other transactions. Member *E-statements* are also available; to receive statements electronically, you must be signed up for *Advantages Online*™. If there is an owner of the account under age 13, an owner age 18 or older must sign a consent form in order to access these services. Please check here to request a consent form be mailed to you. ☐

☐ I **do not** want access to my account via the *PAL*™ Audio Response System.

☐ I **do not** want access to my account via the secure *Advantages Online*™ Home Banking System.

Other Services

I am interested in the following Credit Union services/ products:

☐ VISA® Credit Card

☐ Vehicle Loan

☐ Personal Loan or Line of Credit

☐ Mortgage

☐ Home Equity Loan or Line of Credit

☐ Other _____

Please complete an Additional Services Request form to open an *Advantages Checking*™ Account, *Advantages Money Market Savings*™ Account, or *Advantages Certificate of Deposit*™.

*Account Funding

A minimum deposit of $5.00 is required to open a Share Savings Account.

☐ Fund my account with the enclosed check.

☐ Transfer funds from another UECU account. Transfer $_____ from Account _____, Share ID ____.

☐ Transfer funds electronically from an account at another institution. Transfer $_____. (I have completed an ACH Authorization Agreement.)

Membership Eligibility

Did another UECU member refer you? If so, please provide information about that person. The referring member may receive *VantagePoints*™ and/or a referral incentive for referring you to the Credit Union.

_____ _____ _____
Name Phone Number Relationship to Primary Account Owner

*Agreement and Signature(s)

I/We agree to maintain a minimum balance of $5.00 in my/our Share Savings Account.

I/We certify the information provided is true and correct and authorize UECU to check my/our account, credit, employment history, and to obtain consumer reports from third parties, including credit bureau reports, in order to determine my/our eligibility for Credit Union accounts and services. I/we understand that UECU may rely on information in this application and in consumer and credit bureau reports to make its decision.

By signing this application, I/we agree to the conditions stated in the Account Agreement and Disclosures, Rate and Fee Schedules, and Credit Union Bylaws and Policies, and any amendments to these documents made from time to time which collectively govern my/our membership and accounts. Note: The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

If applicant is under 18 years of age, parent/sponsor must sign child's name followed by parent's/sponsor's initials.

_____ _____ _____
Primary Owner (please sign in ink) Date Promo Code

_____ _____
First Joint Owner (please sign in ink) Date

_____ _____
Second Joint Owner (please sign in ink) Date