



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
Physical Address	_____	_____	_____
	Street (not PO Boxes)	Email - <i>necessary for home banking and emergency contact</i>	
	_____	_____	_____
	City, State ZIP Code	Employer	Employer ZIP Code
Mailing Address (if different)	_____	_____	_____
	Street or PO Box	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
Physical Address	_____
	Street

	City, State ZIP Code
Mailing Address (if different)	_____
	Street or PO Box

	City, State ZIP Code
()	() ()
Home Phone	Work Phone Cell Phone
_____	_____
Email - <i>necessary for home banking and emergency contact</i>	
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
Physical Address	_____
	Street

	City, State ZIP Code
Mailing Address (if different)	_____
	Street or PO Box

	City, State ZIP Code
()	() ()
Home Phone	Work Phone Cell Phone
_____	_____
Email - <i>necessary for home banking and emergency contact</i>	
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.

