



**Utilities
Employees
Credit Union**

800-288-6423

P.O. Box 14864 - Reading, PA 19612

Young Adult Signature Card

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. Now that you have attained the age of 18, our policies and procedures require that you provide your signature and credit authorization. You may be asked to provide a form of identification if the Credit Union is unable to verify your identity electronically.

Account Owner

Name

First MI Last, Suffix (if any)

Email -necessary for home banking and emergency contact

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

Employer Employer ZIP Code

Mother's Maiden Name

Home Phone (with Area Code)

Driver's
License

State of Issue Expiration Date

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

License Number/DMV Photo ID Number

Cell Phone (with Area Code)

Agreement and Signature

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

I certify the information provided is true and correct and authorize UECU to check my account, credit, employment history, and to obtain consumer reports from third parties, including credit bureau reports, in order to determine my eligibility for Credit Union accounts and services. I 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 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 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.

Signature (please sign in ink)

Date

Additional Information Request

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

- | | |
|---|--|
| <input type="checkbox"/> VISA® Credit Card | <input type="checkbox"/> Advantages Online™ (home banking) |
| <input type="checkbox"/> Vehicle Loan | <input type="checkbox"/> Advantages Bill Pay™ |
| <input type="checkbox"/> Advantages Checking™ | <input type="checkbox"/> E-Statements |
| <input type="checkbox"/> Direct Deposit/Payroll Deduction | <input type="checkbox"/> Advantages VISA Check Card™ |
| <input type="checkbox"/> Other _____ | |

Please visit www.uecu.org to view more information.

UECU office use only

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

