

MEMBER APPLICATION AND INFORMATION

Name _____ Account # _____
Address _____ SSN/TIN _____
_____ Home Phone _____
Driver's Lic # _____ Work Phone _____
Mother's Maiden Name _____ Date of Birth _____
Employment _____ Eligibility for Membership _____
E-mail Address _____

JOINT OWNER(S)

Account Owner _____ SSN/TIN _____
Address _____ Phone _____
_____ Date of Birth _____
Driver's Lic # _____ Mother's Maiden Name _____
Account Owner _____ SSN/TIN _____
Address _____ Phone _____
_____ Date of Birth _____
Driver's Lic # _____ Mother's Maiden Name _____

PAYABLE ON DEATH ACCOUNT DESIGNATION

I hereby designate the person(s) named below, presently residing at the address(es) listed, as the P.O.D. payee(s) on this account and, as such, are entitled to all shares and deposits in said account to be equally divided at my death.

Name _____ Name _____

Address _____ 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 that I am NOT, unless designated below, 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 back up withholding.

____ I am subject to backup withholding _____ Exempt
____ I am not a U.S. citizen or resident (complete W-8 form)

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.

Signature _____ Date _____ Signature _____ Date _____
Signature _____ Date _____ Signature _____ Date _____

WEST METRO SCHOOLS CREDIT UNION

**1001 Highway 7, Room 249
Hopkins, MN 55305
952-988-4165**

**5701 Normandale Road, Suite 322
Edina, MN 55424
952-848-4282**

For Credit Union Use Only:

DOCUMENTARY VERIFICATION

____ Driver's License
____ Passport
____ Military ID _____ Other

Describe Other

Verified By

Date _____