



OLYMPIA CREDIT UNION

Serving Your Community Since 1965

P.O. Box 7549

Olympia, WA 98507

Olympia Branch

Lacey Branch

1-360-754-5559

1-360-456-7037

Office Use Only
Account Number when Approved

Membership Application

Prime Applicant _____

Street Address _____

City, State, Zip Code _____

Eligibility _____ Social Security Number _____

Identification* _____

Mother's Maiden Name _____ Birth Date _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Email Address _____

Joint Applicant _____

Street Address _____

City, State, Zip Code _____

Social Security Number _____ Birth Date _____

Identification* _____

Mother's Maiden Name _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Email Address _____

Beneficiary _____

Birth Date or SSN _____ Percent _____ Relationship to Prime _____

2nd Beneficiary _____

Birth Date or SSN _____ Percent _____ Relationship to Prime _____

*Approved Government Issued Photo ID. Please send a photo copy of the ID in with the application.

By signing below, I/we make application for membership in Olympia Credit Union and agree to conform to its bylaws and amendments. I/we agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings Rate and Fee Schedule, Funds Availability Policy, Electronic Funds Transfer Disclosure and to any amendments you may make from time to time which are incorporated herein. I/we acknowledge receipt of the Disclosure Booklet. Deposits are federally insured by the National Credit Union Administration, a U.S. Government agency, up to \$250,000.00

_____ Please sign me up for Credit Union Connections and Home Banking
Yes No

ACCOUNT OWNERSHIP: Please check one

- _____ Single Party
- _____ Multiple Parties with Right of Survivorship
- _____ Revocable Living Trust
- _____ Uniform Transfer/Gift to Minors Account

I irrevocably waive rights to dispose of non-probate assets under any existing or future will for my accounts at Olympia Credit Union. I understand that the funds in my account(s) will pass outside my will to joint owners if any are designated on my account, and further, passing to account beneficiaries if I so choose.

Yes -or- No -or- n/a _____
Signature of Prime Applicant

Under Penalties of Perjury, I certify that the number shown on this form is my correct taxpayer identification number and that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding, as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified that I am no longer subject to backup withholding, and that I am, unless designated below, a U.S. Person (including a U.S. Resident Alien).

Signature of Prime Applicant _____
Date

Signature of Joint Applicant _____
Date



State of _____ County of _____

I certify that I know or have satisfactory evidence that _____
Is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Date _____

(Notary Stamp or Seal)

Signature _____

Title _____

My appointment

Expires _____

Office Use Only

Date Received	
Received By	
Final Approval & Date	

Date Received	
Received by	
Approved by and date	