



**OLYMPIA
CREDIT UNION**

Embracing the Human Difference

Olympia Branch 360-754-5559

Lacey Branch 360-456-7037

Office Use Only
Account Number when Approved

Membership Application

Membership Eligibility _____

Prime Applicant _____ **Date of Birth** _____

Street Address _____

City, State, Zip Code _____

Identification* (Type & Number) _____

Social Security Number _____ **Mothers Maiden Name** _____

Primary Phone Number (home and/or mobile) _____ **Work Phone #** _____

Joint Applicant _____ **Date of Birth** _____

Street Address _____

City, State, Zip Code _____

Identification* (Type & Number) _____

Social Security Number _____ **Mothers Maiden Name** _____

Primary Phone Number (home and/or mobile) _____ **Work Phone #** _____

Beneficiary _____

Birth Date or SSN _____ **Percent** _____ **Relationship to Prime** _____

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

ACCOUNT OWNERSHIP: Please check one; **Required**

- _____ Single Party
_____ Multiple Parties with Right of Survivorship
_____ Multiple Party without Right of Survivorship

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 **Required 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 (*Required*) Date

Signature of Joint Applicant (*Required if applying*) Date

State of _____

Country 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 _____

Signature _____

Title _____

My appointment

Expires _____

(Notary Stamp or Seal)

Office Use Only
Date received _____
Received by _____
Final Approval and Date _____