



PO BOX 7549; Olympia, WA 98507
(360) 754-5559

CHECKING APPLICATION

Savings Account _____

Prime Applicant _____

Mother's Maiden Name: _____

Social Security Number: _____

Street _____

Birth Date: _____

City _____ State _____ ZIP _____

Home Phone: _____

Work Phone: _____

Joint Applicant _____

Mother's Maiden Name: _____

Social Security Number: _____

Birth Date: _____

Home Phone: _____

Work Phone: _____

I/We authorize Olympia Credit Union to establish this checking account for me/us. The credit union is authorized to pay checks signed by me (or any of us) and to charge all such payments against the shares in this account.

Also Please sign me up for Credit Union Connection.

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure and to any amendments you make from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested. Deposits are federally insured by the National Credit Union Administration, a US Government Agency, up to at least \$250,000.00

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 me that I am no longer subject to backup withholding, and that I am, unless designated below, a US person (including a US resident alien).

Prime Member Signature _____

Date _____

Joint Owner Signature _____

Date _____

Joint Owner Signature _____

Date _____

Joint Owner Signature _____

Date _____

OVERDRAFT FEATURE: If payment of a check signed by the member or any of the joint owners would exceed the fully paid and collected share balance in this account, the Credit Union may transfer funds from the following accounts:

Account: _____ Share: _____

Account: _____ Share: _____

MULTIPLE PARTY ACCOUNTS: We authorize the Credit Union to recognize any of the signatures above in transacting any business for this account. All funds in this account are our joint property and are owned by us as joint tenants with right of survivorship and are subject to the withdrawal or receipt by any of us during our lifetimes or by the surviving owner(s). If there are two or more surviving owners, the account shall continue as a joint account with right of survivorship. We each appoint each of the others as attorney to endorse all checks or drafts to be cashed or deposited.