



OLYMPIA
CREDIT UNION
Embracing the Human Difference

Olympia Branch 360-754-5559

Lacey Branch 360-456-7037

Membership Application

Office Use Only Account Number

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 #** _____

Primary email address _____ **Employer & Occupation** _____

Joint Applicant _____ **Date of Birth** _____

Street Address _____

City, State, Zip Code _____

Identification* (Type & Number) _____

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

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

Joint email address _____ **Employer & Occupation** _____

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.

**Can be Estate, Person(s), None, or Organized Nonprofit, to name a few options but must be filled out.

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 Connection and Home Banking

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

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

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 _____

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 _____

1st approval date & initials _____

Final Approval and Date _____