



Credit Union Use Only

Date Opened / Accepted:

What would you like to do with this form:

- Open an Account
Change Account Ownership / Beneficiary
Change Member Information

Eligibility & Reason for Joining

How do you qualify for membership at Verity Credit Union? WA Resident Current Member Other:

Name and relationship of family member:

Reason for Joining:

- Convenient Location Referred by Someone Internet / Social Media
Radio / TV / Print Advertisement Direct Mail Mortgage Loan
Community Event Branch Event CUDL

Step 1 - Primary Owner

Form for Step 1 - Primary Owner with fields for Name, SSN, Date of Birth, Home Address, City, State and Zip, Email Address, Mailing Address, ID Type, Number, State, and Expiration Date, Cell Phone, Work Phone, Home Phone, Employer Name, Occupation, and Passphrase.

Step 2 - Account Products

Table with 4 columns: Account Number, Product, Account Number, Product. Multiple empty rows for data entry.

Step 3 - Joint Owner / Beneficiary

- Joint Account Owner (with right of survivorship) All Accounts
Beneficiary - Payable on Death Specific Accounts:

Form for Step 3 - Joint Owner / Beneficiary with fields for Name, SSN, Date of Birth, Home Address, City, State and Zip, Email Address, Mailing Address, ID Type, Number, State, and Expiration Date, Cell Phone & Home Phone, Work Phone, and Passphrase.

Step 3 - Joint Owner / Beneficiary

- Joint Account Owner (with right of survivorship) All Accounts
Beneficiary - Payable on Death Specific Accounts:

Form for Step 3 - Joint Owner / Beneficiary with fields for Name, SSN, Date of Birth, Home Address, City, State and Zip, Email Address, Mailing Address, ID Type, Number, State, and Expiration Date, Cell Phone & Home Phone, Work Phone, and Passphrase.

Step 3 - Joint Owner / Beneficiary		
<input type="checkbox"/> Joint Account Owner (with right of survivorship) <input type="checkbox"/> All Accounts <input type="checkbox"/> Beneficiary - Payable on Death <input type="checkbox"/> Specific Accounts: _____		
Name (First, Middle Initial, and Last)	SSN	Date of Birth
Home Address	City, State and Zip	Email Address
Mailing Address (if different from above)	City, State and Zip	ID Type, Number, State, and Expiration Date
Cell Phone & Home Phone	Work Phone	Passphrase

Step 3 - Joint Owner / Beneficiary		
<input type="checkbox"/> Joint Account Owner (with right of survivorship) <input type="checkbox"/> All Accounts <input type="checkbox"/> Beneficiary - Payable on Death <input type="checkbox"/> Specific Accounts: _____		
Name (First, Middle Initial, and Last)	SSN	Date of Birth
Home Address	City, State and Zip	Email Address
Mailing Address (if different from above)	City, State and Zip	ID Type, Number, State, and Expiration Date
Cell Phone & Home Phone	Work Phone	Passphrase

Step 3 - Joint Owner / Beneficiary		
<input type="checkbox"/> Joint Account Owner (with right of survivorship) <input type="checkbox"/> All Accounts <input type="checkbox"/> Beneficiary - Payable on Death <input type="checkbox"/> Specific Accounts: _____		
Name (First, Middle Initial, and Last)	SSN	Date of Birth
Home Address	City, State and Zip	Email Address
Mailing Address (if different from above)	City, State and Zip	ID Type, Number, State, and Expiration Date
Cell Phone & Home Phone	Work Phone	Passphrase

Step 4 - TIN Certification and Backup Withholding Information

By signing below, I certify, under penalties of perjury, that (1) am a U.S. person (including a U.S. resident alien), (2) that the Social Security number (SSN) / taxpayer identification number (TIN) shown is my / the correct identification number and (3) I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am 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 backup withholding.

I am NOT a United States citizen or U.S. person. I am a Non-Resident Alien
 Exempt
 I am Subject to Backup Withholding (uncommon)

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 amendments the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If a Debit card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Services Agreement. The Internal Revenue Service does not require your consent to any provision of the Account Form other than the certifications to avoid backup withholding. I/We irrevocably waive the right to dispose of by Will any of my/our accounts with the Credit Union, now and in the future. I/We acknowledge the obligation to comply with the terms of the Bank Secrecy Act and the USA Patriot Act.

Authorized by: _____ Relationship to Minor: _____
 (For Minor members only - When Minor is unable to sign)

NOTE: Both Primary and Joint Owners signatures required when adding joint owners.

X	Member Signature	Date:		
X	Joint Owner Signature	Date:	X	Joint Owner Signature
				Date:
X	Joint Owner Signature	Date:	X	Joint Owner Signature
				Date:

Please sign and mail to: Verity Credit Union PO BOX 75974, Seattle, WA 98175-0974

Credit Union Use Only	
Date Opened / Accepted: _____	Opened By (Name & Teller #): _____ Branch: _____
Was the following verified? <input type="checkbox"/> Signature	<input type="checkbox"/> Picture ID (attached or on file) or Electronic Authentication <input type="checkbox"/> OFAC <input type="checkbox"/> Address Verified <input type="checkbox"/> Efunds/Qualifile
Identity verified by: _____	Approver Name & Teller #: _____