



Account Application

Account No. _____ Member No. _____

Name _____ Social Security Number _____

Driver's License/ ID Number _____ State _____ Issue Date: _____ Exp. Date: _____

E-mail Address _____ DOB _____

Mailing Address _____ Physical Address: _____

City _____ State _____ Zip Code _____

Hm Phone _____ Wk Phone _____ Cell Phone _____

Employer _____ Occupation _____

Mother's Maiden Name _____ Password for account verification _____

What would you like to do?

- OPEN NEW ACCOUNT ADD A JOINT OWNER NAME CHANGE

How would you like the account set up?

- Individual Account Joint Account

Please indicate the type of account you would like to open.

- | | |
|--|---|
| <input type="checkbox"/> Regular Savings Account | <input type="checkbox"/> Certificate of Deposit |
| <input type="checkbox"/> Christmas Club Savings Account | <input type="checkbox"/> Money Market |
| <input type="checkbox"/> Kasasa Cash Saver Account | |
| <input type="checkbox"/> Kasasa Cash Back Saver Account | |
| <input type="checkbox"/> Prime Time Club Account (Age 55+) | |

I would like to receive my statement by:

*CHECKING ACCOUNT- see account protection below

- | | |
|---|--|
| <input type="checkbox"/> Free Checking Account | <input type="checkbox"/> Print |
| <input type="checkbox"/> Teen Checking Account | <input type="checkbox"/> E-Statements _____ Initial |
| <input type="checkbox"/> Fresh Start Checking Account | <input type="checkbox"/> Kasasa Cash Checking Account |
| | <input type="checkbox"/> Kasasa Cash Back Checking Account |

Please specify if you are opening one of the following accounts:

- | | |
|--|---|
| <input type="checkbox"/> GUARDIAN ACCOUNT — You act on behalf of /administer the funds for the benefit of the ward. | <input type="checkbox"/> CUSTODIAN ACCOUNT (UGMA) —You have fiduciary duty to manage the account for a minor. After age 18, the minor has complete rights to the funds in the account. |
|--|---|

*If opening a checking account, please select one of the following Overdraft Protection options:

- No automatic transfer of funds.
- Transfer funds from the Share Account (\$2 service charge).
- Transfer funds from the Overdraft Loan Account (\$2 service charge.)
- Transfer funds from alternative Account # _____ (\$2 service charge.)
- Transfer funds first from the Share Account, then from the Overdraft Loan Account if required.
- Transfer funds first from the Overdraft Loan Account, then from the Share Account if required.

Initials _____ Date _____

*Reg E: If opening a checking account, please note that we do not authorize or pay overdrafts for ATM transactions or everyday debit card transactions unless you ask us to by opting in to Debit Courtesy Pay. There is no charge unless we cover a transaction for you. If you would like to Opt-In to Debit Courtesy Pay, please check below.

- Yes, please cover any potential overdrafts on ATM or everyday debit card transactions (\$25 service charge)
- No, I do not want Debit Courtesy Pay. I understand that the transaction will be denied if I do not have the funds in my account.

Initials _____ Date _____

Please note, we pay overdrafts at our discretion which means we do not guarantee that we will always authorize or pay any type of transaction.

How did you hear about us?

- FRIEND RADIO NEWSPAPER YELLOW PAGES WORD OF MOUTH
- BILLBOARD OTHER

Signature _____ **Date** _____

I hereby make application for membership and agree to the bylaws for any amendments thereof at Western Sun Federal Credit Union. I agree to conform to all policies legally adopted by the Board of Directors and herewith subscribe for at least one share. The Credit Union is authorized to obtain any information it deems necessary for approval, which includes checking employment and credit history. I agree inclusively to all terms and agreements stated on the BOTH SIDES. I certify that the information contained in this application is correct By signing above, I authorize WSFCU to check my credit history, including the verification of the information of this request. By signing above, I also agree to have the below joint applicant listed on my account(s) and understand that they have full access to the funds and privileges this account(s) offers.

JOINT APPLICANT

I agree inclusively to all terms and agreements stated on the BOTH SIDES. I certify that the information contained in this application is correct.

JOINT OWNER NAME (Please Print) _____ SOCIAL SECURITY # _____

Driver's License/ ID Number _____ State _____ Issue Date: _____ Exp. Date: _____

E-mail Address _____ DOB _____

Physical Address _____ Mailing Address: _____

City _____ State _____ Zip Code _____

Hm Phone _____ Wk Phone _____ Cell Phone _____

Employer _____ Occupation _____

Mother's Maiden Name _____ Password for account verification _____

JOINT OWNER'S SIGNATURE _____ DATE _____

By signing above, I authorize WSFCU to check my credit history, including the verification of the information of this request.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury I certify that: (1) The number shown on this form is my/our correct taxpayer identification number; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am U.S. person (including a U.S. resident alien). Instructions: Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you are not a U.S. person, please cross out item 3 and complete a W-8 BEN.

FOR OFFICE USE ONLY:

APPROVED **DENIED**

Person # _____ OFAC: _____ ID Verification: _____ E-Funds: _____ Red Flags: _____ CIP: _____ By: _____

Person # _____ OFAC: _____ ID Verification: _____ E-Funds: _____ Red Flags: _____ CIP: _____ By: _____

Credit Bureau pulled: _____ WTA Form: _____ Eligibility: _____ Date: _____

Statement Cycle _____ Debit/ATM card _____