



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

How would you like the account set up?

- Individual Account Joint Account

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

- Regular Savings Account Certificate of Deposit
Christmas Club Savings Account Money Market
Prime Time Club Account (Age 55+)

*CHECKING ACCOUNT- see account protection below

- Free Checking Account
Teen Checking Account

I would like to receive my statement by:

- Print
E-Statements

*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.

*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.

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.

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.

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.