



APPLICATION FOR MEMBERSHIP

Eligibility - How are you eligible for membership?

I am affiliated with one of the Community Partners

Enter name and Organization Number from Community Partner List

I am a relative of a member

Enter name of relative and relationship to applicant and Organization Number

I live, work, worship or attend school in a qualifying county

Select qualifying county from list

Personal Information - Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. We may ask for your driver's license or other identifying documents.

Title _____

First Name _____

Date of Birth _____

Middle Name/Initial _____

Social Security Number/Tax ID/ITIN _____

Last Name _____

Suffix _____

ID Type _____

ID Issuing State _____

ID Number _____

ID Issuing Country _____

ID Issuance Date _____

ID Expiration Date _____

Physical Address

Street Address _____

City _____

State _____

Zip Code _____

Mailing Address (If Different than Physical Address)

Street Address _____

City _____

State _____

Zip Code _____

Employment

Name of Employer _____

Contact Information

Home Phone _____

Mobile Phone _____

Work Phone _____ Ext. _____

E-mail Address _____

Add Accounts

Savings _____

Money Market _____

Smart Savers _____

Certificate Account _____ Term _____

Silver Savings _____

Certificate Account _____ Term _____

Checking _____ Type _____

Serious Savings Cert _____ Term _____

Overdraft Protection - Not available for checks presented at teller window

I elect overdraft protection
Funds to be withdrawn from account # _____

I do not elect overdraft protection

E-Statement

I elect my statement to be sent to me via E-mail

Do not send my statement via E-mail

Reference Information - Nearest Relative Not Living With You

Name _____ Relationship _____

Street Address _____ City _____

State _____ Zip Code _____

Home Phone _____ Work Phone _____

Designate the ownership of the accounts and responsibility for the services requested.

Joint with Survivorship Trust - See Trust Account Card Other _____

No Interest/Dividends

Joint Owner(s) - If you are adding joint owners to your account, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person you add to an account.

Joint Owner #1

Title _____
Name (First, Middle, Last) _____ Relationship to Primary _____
Social Security Number/ITIN _____ Date of Birth _____
ID Type _____ ID Number _____ ID Issuing State _____
ID Issuance Date _____ ID Expiration Date _____ ID Issuing Country _____
Street Address _____ City _____
State _____ Zip Code _____
Name of Employer _____
Home Phone _____ Mobile Phone _____
Work Phone _____ Ext. _____ E-mail Address _____
 D/L Scanned Verification Performed _____

Joint Owner #2

Title _____
Name (First, Middle, Last) _____ Relationship to Primary _____
Social Security Number/ITIN _____ Date of Birth _____
ID Type _____ ID Number _____ ID Issuing State _____
ID Issuance Date _____ ID Expiration Date _____ ID Issuing Country _____
Street Address _____ City _____
State _____ Zip Code _____
Name of Employer _____
Home Phone _____ Mobile Phone _____
Work Phone _____ Ext. _____ E-mail Address _____
 D/L Scanned Verification Performed _____

Joint Owner #3 **Representative**

Title _____
Name (First, Middle, Last) _____ Relationship to Primary _____
Social Security Number/ITIN _____ Date of Birth _____
ID Type _____ ID Number _____ ID Issuing State _____
ID Issuance Date _____ ID Expiration Date _____ ID Issuing Country _____
Street Address _____ City _____
State _____ Zip Code _____
Name of Employer _____
Home Phone _____ Mobile Phone _____
Work Phone _____ Ext. _____ E-mail Address _____
 D/L Scanned Verification Performed _____

Beneficiary Designation (Payable on Death) All Accounts Designate specific account(s) _____

All designated primary beneficiaries shall have equal shares. The distribution of the proceeds to the beneficiary(ies) shall be consistent with the provisions of Oklahoma State Law (6-2-2025).

POD Beneficiary #1

Name (First, Middle, Last) _____ Relationship _____
Social Security Number _____ Date of Birth _____
Street Address _____ City _____
State _____ Zip Code _____
Home Phone _____ E-mail Address _____
 OFAC Checked

POD Beneficiary #2

Name (First, Middle, Last) _____ Relationship _____
Social Security Number _____ Date of Birth _____
Street Address _____ City _____
State _____ Zip Code _____
Home Phone _____ E-mail Address _____
 OFAC Checked

UTMA - Uniform Transfers to Minors Act

UTMA (as custodian for _____ (minor) under the Oklahoma Uniform Transfers to Minors Act)
Custodian Name _____
Date of Birth _____ Social Security Number _____
Street Address _____ City _____
State _____ Zip Code _____
 D/L Scanned Verification Performed _____

I, as custodian, shall transfer this property to _____ (minor's name) when they reach the age of _____ years old, (must be 18 years old, and, at or before 21 years old).

Under penalties of perjury, by signing below, I certify that (1) the number shown on this form is my correct SSN/TIN, (2) I am NOT 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 interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding or I am exempt from backup withholding, and (3) **I am a U.S. citizen or U.S. resident alien.** If you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest/dividends on your tax return, cross out item 2 above.

By signing below, I acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Disclosures and Schedules for Deposit and Certificate Accounts (including Funds Availability Policy Disclosure and ACH, and USA Patriot Act notice), Electronic Funds Transfer Service Agreement and Disclosure, Privacy Disclosure, and any other agreements and disclosures applicable to the accounts and services requested and to any amendment WEOKIE Credit Union makes from time to time which may be incorporated herein.

By signing below, I hereby authorize WEOKIE Credit Union to make inquiries into my employment and credit history.

Member Signature _____ Date _____ Joint Owner Signature _____ Date _____
Joint Owner Signature _____ Date _____ Joint Owner Signature _____ Date _____

For Credit Union Use Only
Account Opened Using: Credit Report D. L. Copy ID Card Issued Chex Systems _____
Revised 02/2017
Other Comments _____
Member Number _____ Teller #/Initials _____ Date _____