



Credit Union Use Only

Date Opened/ Accepted:

What would you like to do with this form:

- Open an Account - Complete all steps and include one piece of identification. WA State ID requires 2nd piece of ID.
- Remove a joint owner - Complete Steps 1, 2, 4 & 5 Removing a joint owner form required.
- Add a joint owner or beneficiary - Complete Steps 1, 2, 4 & 5 ID required for joint owners only (State Issued ID or Passport). Both signatures required to add joint owners.
- Name Change (for all accounts)- Complete Steps 1 & 5. Include copy of Marriage Certificate/Court Order and ID. Previous Name:
- Change Member Information - Complete Steps 1 & 5. For SSN#, DOB and DL# changes please include documentation. Note: This change will be in effect for all accounts.

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 (i.e. friend/family/employee)
- Internet/ Social Media
- Radio/TV/Print Advertisement
- Direct Mail
- Mortgage Loan
- Community Event
- Branch Event
- CUDL

Step 1 - Personal Information

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	Drivers License Number, State, and Expiration Date
Home Phone	Best Contact # <input type="checkbox"/>	Work Phone	Best Contact # <input type="checkbox"/>
		Cell Phone or Other Phone	Best Contact # <input type="checkbox"/>
Employer Name		Occupation	Call-In Password (required)

Step 2 - Account Products

Check the gray box of the product you are interested in opening or changing - one check per line only

Credit Union Use Only Account Number	Prime Share Savings (\$5 one time fee)	Savings Account	Cartwheel Checking	Cash Back Checking	Verity Checking	Value Checking	Money Market/ Premium Money Market	Youth Prime Share	Youth Checking
Certificate of Deposit	Certificate Rate _____%	90 Day	6 Month	6 Month Savers	12 Month	12 Month Savers	24 Month	36 Month	60 Month
Certificate of Deposit	Certificate Rate _____%	90 Day	6 Month	6 Month Savers	12 Month	12 Month Savers	24 Month	36 Month	60 Month

Funds to be transferred from (acct# & type):

Check Attached Other (please describe):

Step 3 - Account Services

Select the account services you would like:

- Debit Card
- ATM Card
- Checks Starting# _____
- No Promotional Mailings
- Paper Statements
- Overdraft Protection. Please indicate the Savings, Money Market, Ready Money or HELOC account number the funds will draw from if needed. 1. _____ 2. _____

Member Initiated Services:

- Direct Deposit
- Online Branch*
- Electronic Statements*
- *Homebanking and Electronic Statements required for rewards checking

Step 4 - Joint Owner #1 <input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account Owner (with right of survivorship) Primary and Joint Owner signatures required when designating joint ownership.		
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	Drivers License Number, State, and Expiration Date
Home Phone & Cell Phone	Work Phone	Password

Step 4 - Joint Owner #2 <input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account Owner (with right of survivorship) Primary and Joint Owner signatures required when designating joint ownership.		
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	Drivers License Number, State, and Expiration Date
Home Phone & Cell Phone	Work Phone	Password

Step 4 - Beneficiary - Payable on Death <input type="checkbox"/> All Accounts <input type="checkbox"/> Beneficiary applies to accounts listed: _____		
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	Relationship
Home Phone	Cell Phone	Work Phone

Step 5-TIN Certification and Backup Withholding Information

By signing below, I certify, under penalties of perjury, that (1) I 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 Back Withholding

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 an ATM card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer 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)

X	Member Signature	Date: _____
NOTE: Both Primary and Joint Owners signatures required when adding joint owners.		
X	Joint Owner Signature	Date: _____
NOTE: Both Primary and Joint Owners signatures required when adding joint owners.		
X	Joint Owner Signature	Date: _____

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

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Date Opened/ Accepted: _____ Opened By (Name & Teller #): _____ Branch: _____

Was the following verified? Signature Picture ID (attached or on file) OFAC Chex Systems

Identity verified by: _____ Approver Name & Teller #: _____ Date Scanned: _____ Rev. 05-05-2014