



**WATERFRONT  
FEDERAL  
CREDIT UNION**

**COPY OF ID REQUIRED FOR  
ALL SIGNERS**



2414 SW Andover St Ste E100  
Seattle, WA 98106-1156

**MEMBER SERVICE CARD**

**ACCOUNT TYPE**

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Suffix*	Suffix*
<input checked="" type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> HSA: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input checked="" type="checkbox"/> Other: <b>Shared Branching</b>

\*The account number for each of the accounts listed consists of the suffix number added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

**ACCOUNT SERVICES**

<input type="checkbox"/> Payroll Deduction/Direct Deposit:	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> Audio Response:	<input type="checkbox"/> Other:
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):	
<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Other:
<input type="checkbox"/> PC Access/Internet Banking:	

Loan Account Request:  Individual  Joint (Married applicants may apply for a separate account.)

Loan Account:  Credit Card  Line-of-Credit  Overdraft Protection

<b>PAYMENT PROTECTION</b>	Are you interested in having your loan protected? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.
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**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

Member/Owner:	Member No:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility: <b>P &amp; P Local #32</b>
Employer:	
Position/Title: _____	Years: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs: _____

NOTICE: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.

Income:  Gross Monthly Income: \$ \_\_\_\_\_ OR  Net Monthly Income: \$ \_\_\_\_\_

Home:  Own  Rent How long? Years: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

**ACCOUNT OWNERSHIP**

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

Individual  Joint Account with Rights of Survivorship

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Employer:	
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Employer:	

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account
Beneficiary/POD Payee:
Street:
City/State/Zip:
UTMA (as custodian for Minors Act)
Minor's SSN/TIN:
Agency Agent only for HSA
Print Name of Agent:
Signature
Date:
Other: See Account Authorization Card

CO-APPLICANT LOAN INFORMATION

Complete this section: (1) with Co-Applicant information for joint credit, or (2) with spousal information if: your spouse will use or be liable for the account; you will rely on your spouse's income to pay the debt; or if Member resides in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (3) if you are a Guarantor on the account. For joint credit, the applicant must individually complete the below information. If Co-Borrower is the spouse of the applicant, mark the Co-Applicant box (not the Spouse Box).

Information provided by: Co-Applicant Spouse Other:
Member/Owner:
Street: SSN/TIN:
City/State/Zip: Driver's Lic. No:
Home Phone: Listed Unlisted Date of Birth:
Work Phone: Password:
E-mail: Membership Eligibility:
Employer:
Position/Title: Years: Full Time Part Time Hrs:

NOTICE: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.

Income: Gross Monthly Income: \$ OR Net Monthly Income: \$
Home: Own Rent How long? Years: Monthly Payment: \$

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:
(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued),
(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 a U.S. person (including a U.S. resident alien).
Certification Instructions. Cross out item 2 above 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

SIGNATURES

By signing below, you certify that the information on this Member Service Card (both pages) is complete, true, and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Member Service Card for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; and (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to the terms of the following agreements applicable to the accounts and services requested. I/We irrevocably waive the right to dispose of by an existing or future will, any account owned as a Joint Account with Survivorship and/or any account for which I/we have named Payable on Death beneficiary(ies).

- Membership and Account Agreement. You acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.
Overdraft Loan Agreement. If an overdraft loan account is requested and provided, you acknowledge receipt of and agree to the terms of the Overdraft Loan Agreement and Truth-in-Lending Disclosure.
Credit Card Agreement. If a credit card account is requested and provided to you, you acknowledge receipt of and agree to the terms of the Credit Card Agreement which governs your credit card account. You grant us a security interest in all of your credit union shares in Account Number to secure your Card obligation.
Electronic Fund Transfers Agreement and Disclosure. If an access card or Electronic Fund Transfer (EFT) service is requested and provided, you acknowledge receipt of and agree to the terms of the Electronic Fund Transfers Agreement and Disclosure.

The Internal Revenue Service does not require your consent to any provision of this Member Service Card other than the certifications required to avoid backup withholding.

X Signature Date X Signature Date
X Signature Date X Signature Date

FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Card

Date of Membership: Opened/App'd by: Member Verification:
Credit Report Check Verify PIN Request Loan App'd By:
Access Card Audio Response PC Access/Internet Banking \$ Amount App'd: