

CROW WING POWER CREDIT UNION

PO Box 962, Brainerd, MN 56401 • Toll free (800) 648-9401 • Fax (218) 822-2678 • www.cwpcu.org

Account Application

Membership Savings
 Checking
 Account # _____

Required:

- Copy of Identification
- \$5.00 Opening deposit/Required Balance
- \$50.00 Opening Checking deposit – NO MINIMUM BALANCE *MUST have Membership Savings
 - ATM/Debit Card-Checking ONLY
 - Opt in/Opt Out Overdraft Fees Form

PRIMARY MEMBER-OWNER

Name:		DOB:
Mailing address:		Physical address:
City:	State:	ZIP Code:
Cell:	Home:	SSN#
DL#:	State Issued:	Expiration Date:
Mother's Maiden Name:	Employer:	Work Phone:
EMAIL:		

JOINT OWNER

Name:		DOB:
Mailing address:		Physical address:
City:	State:	ZIP Code:
Cell:	Home:	SSN#
DL#:	State Issued:	Expiration Date:
Mother's Maiden Name:	Employer:	Work Phone:
EMAIL:		

ELIGIBILITY

<input type="checkbox"/> Crow Wing Power <input type="checkbox"/> People's Security <input type="checkbox"/> Employee of CWP/People's <input type="checkbox"/> Relative of CWP/People's/CWPCU Name of Relative _____

NEAREST RELATIVE AT DIFFERENT ADDRESS

Name:	Address:
Phone:	City/State/Zip:

BENEFICIARIES
(ALL SUFFIXES WITHIN ACCOUNT - EXCEPT IRA'S)

Name(s):	Address:
Phone:	City/State/Zip:

DISCLOSURE—CHECKING ONLY

Have you had a checking account in the last 12 months? Yes No
if yes, where? _____ attach a voided check or deposit slip from current checking account below.

Have you had a checking account closed without your consent in the last twelve months?
 Yes No If yes, where?

Have you been convicted of a criminal offense involving the use of checks in the last 24 months?
 Yes No If yes, give details:

ATM/Debit Card Yes No **ATM/Debit Card (Joint Owner)** Yes No

Request for Taxpayer's Identification Number and Certification (Form W-9)

Under the penalty of perjury, I certify that: 1.) The number shown on this form is my correct taxpayer number; 2.) I am not subject to back-up withholding of taxes; 3.) I am a U.S. person (citizen or resident alien).

I agree to the terms to the terms and conditions of the membership and account agreement, truth-in-savings disclosure, funds availability policy and disclosure, electronic funds transfer agreement and disclosure, and to any amendment the credit union makes.

SIGNATURES

Signature of Primary Member/Owner:	DATE:
Signature of Joint Owner:	DATE:

Attach VOID check or deposit slip

CREDIT UNION ONLY INITIAL: DATE: ACCOUNT: SFX

ID copy/scanned CWP + - NA CWPCU + - NA Qualifile + - NA M28

Checking Only: Credit Report WAIVED + - Liberty Check Order Style: LIDS LISS Start #:

NS M24 M29 Opt-in/out ATM/Debit Card #'s: (P) _____(J) _____ M820 Msg