



Membership Application

Account # _____

Account Type Personal Living/Family Trust

Name _____ Male Female

Identification (The USA Patriot Act requires that Weber Credit Union obtain information and/or documentation to verify your identity.)

I.D # _____ I.D. Type and State _____

Minor

Membership Information

Have you lived in Utah at least 5 years? Yes No SSN _____

Address _____

City _____ State _____ ZIP _____

Date of Birth _____ Home Phone _____

Employer _____ Work Phone _____

Mother's Maiden Name _____

New Member Questionnaire

Do you buy or sell products or services in countries or territories outside of the United States? Yes No

Will you use this account to send or receive international wires as part of your banking activity? Yes No

Do you expect to deposit or withdraw currency and coin in amounts greater than \$8,000 at one time? Yes No

If so, approximately how many times per month? _____

Please Review and Sign the Following

IRS Requirement

Under penalties of perjury, I certify: (1) that the number shown on this form is my correct taxpayer identification number (2) that I am not subject to Internal Revenue Service (IRS) backup withholding either because I have not been notified that I am subject to IRS backup withholding as a result of a failure to report all interest or dividends to the IRS, or the IRS has notified me that I am no longer subject to backup withholding, or because I am exempt from backup withholding. NOTE: Item 2 certifying that you are not subject to backup withholding must be stricken if you have been notified by the IRS that you are subject to backup withholding.

Authorization

I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment 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 electronic service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I authorize Weber Credit Union to obtain a credit report from a credit reporting agency, and to verify my eligibility for the accounts and services I request. I/We agree to pay all collection fees associated with this account. I realize I will be charged a \$10 fee if I close my account within 6 months. The Credit Union reserves the right to immediately close a Share Savings Account.

Signature of Member _____ Date _____

The Joint Owner section on the backside of this form should be completed to add joint owners.

For Credit Union Use:

Membership Approved Yes No

Membership Eligibility Weber County Resident

School District

Family Member

Identification Verified

Chex Systems

Date _____

Employee _____ 11/2007

Joint Owner
(Access to all suffixes except IRA)

#1 _____ SSN _____
Mother's Maiden Name _____
Address _____
City _____ State _____ ZIP _____
Date of Birth _____ Home Phone _____
Employer _____ Work Phone _____
ID # _____ Type and State _____
Signature _____ Date _____

#2 _____ SSN _____
Mother's Maiden Name _____
Address _____
City _____ State _____ ZIP _____
Date of Birth _____ Home Phone _____
Employer _____ Work Phone _____
ID # _____ Type and State _____
Signature _____ Date _____

#3 _____ SSN _____
Mother's Maiden Name _____
Address _____
City _____ State _____ ZIP _____
Date of Birth _____ Home Phone _____
Employer _____ Work Phone _____
ID # _____ Type and State _____
Signature _____ Date _____

Payable on Death Designation

Name _____ Relationship _____ DOB _____
Address _____
Phone _____ SSN _____

Name _____ Relationship _____ DOB _____
Address _____
Phone _____ SSN _____

Name _____ Relationship _____ DOB _____
Address _____
Phone _____ SSN _____