



PO Box 962, Brainerd, MN 56401 • Toll free (877) 563-3072 • Fax (218) 822-2678 • [www.cwpcu.org](http://www.cwpcu.org)

### Account Application

Membership Savings     Checking    Account # \_\_\_\_\_

**Required:**

- Copy of Driver's license or Identification
- Minor Account - Copy of Social Security Card
- \$5.00 Opening Membership Savings deposit – Required for all new accounts
- \$50.00 Opening Checking deposit
  - No Minimum Balance
  - Must have Membership Savings

**PRIMARY MEMBER-OWNER**

First Name:	MI:	Last 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:	Occupation (Job title):		
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed, unmarried) <input type="checkbox"/> Separated			

**JOINT OWNER**

First Name:	MI:	Last 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:	Occupation (Job title):		
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed, unmarried) <input type="checkbox"/> Separated			

**ELIGIBILITY**

Crow Wing Power Member   
  People's Security Customer   
  Employee of CWP/People's   
 Account # \_\_\_\_\_

Relative of CWP/People's/CWPCU   
 Name of Relative \_\_\_\_\_

**BENEFICIARY (PERSON OTHER THAN PRIMARY OR JOINT OWNER)**

(ALL SUFFIXES WITHIN ACCOUNT - EXCEPT IRA'S)

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

**NEAREST RELATIVE AT DIFFERENT ADDRESS**

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

**DISCLOSURE—CHECKING ONLY**

Have you had a checking account in the last 12 months?  No  Yes  
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:

Checks  Yes  No 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    NM M24 M28 OFAC

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

NS M24 ATM/Debit Card #'s: (P) \_\_\_\_\_(J)\_\_\_\_\_ M810 Msg

Alert Message (90 Days) New Account     PO Box physical address online message

Address on ID copy matches address on application--**If NO attach explanation for mismatch**