

# CROW WING POWER CREDIT UNION

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**

<b>PRIMARY MEMBER-OWNER</b>
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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			

<b>JOINT OWNER</b>
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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			

<b>ELIGIBILITY</b>
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<input type="checkbox"/> Crow Wing Power Member	<input type="checkbox"/> People's Security Customer	<input type="checkbox"/> Employee of CWP/People's	Account # _____
<input type="checkbox"/> 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

PO Box physical address online message

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