

CROW WING POWER CREDIT UNION

PO Box 962, Brainerd, MN 56401 • Toll free (877) 563-3072 • Fax (218) 822-2678 • 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

How did you hear about CWPCU?

Facebook Radio Website Referral Other: _____

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**