



PO Box 14864 - Reading, PA 19612

Membership Application

Join Online: Visit uecu.org/join

UECU Office Use Only	
Eligible/Entered _____	Date _____
Verified _____	Date _____

USA PATRIOT ACT Section 326 - Customer Identification Program: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What this means for you:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

* Primary Owner - Membership Eligibility

<input type="checkbox"/> Partner Company OR Association Affiliation	Name of Partner Company OR Association Affiliation	Referred By
<input type="checkbox"/> Family Member Referral	Name of Family Member	Relationship
<input type="checkbox"/> Live/Work/Worship/Go To School in the Greater Reading Area (MUST CHOOSE ONE OF THE FOLLOWING)		
<input type="checkbox"/> Live	Please provide your residential address	<input type="checkbox"/> Work
		Please provide name of employer & physical address
<input type="checkbox"/> Worship	Please provide name of place of worship & physical address	<input type="checkbox"/> School
		Please provide name of school & physical address

Previous UECU Member Welcome Back - We are so glad to have you join again!

* Primary Owner Information

Name (First, Middle Initial, Last, Suffix)		Date of Birth (mm/dd/yyyy)	Social Security Number	
Physical Address		Street	City	State ZIP Code
Mailing Address (if different)		Street or PO Box	City	State ZIP Code
Home Phone (with area code)		Cell Phone (with area code)		Work Phone (with area code)
Driver's License # OR Gov't Issued ID #		State/Country of Issue	Expiration Date	Mother's Maiden Name or Security Word
Email Address		Employer		Occupation
Citizenship (Additional Documentation Required for any non-US Citizen - Please contact us for details)				
<input type="checkbox"/> US Citizen	<input type="checkbox"/> US Resident Alien	<input type="checkbox"/> Nonresident Alien - _____ Country of Citizenship		

TIN Certification/Backup Withholding

Under penalty of perjury I certify that:

- The number shown on this form is my correct Taxpayer Identification Number (TIN);
- I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding;
- I am a US Citizen or a US Resident Alien (If you are a Nonresident Alien, please complete and return form W-8BEN with any required documents.)

Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Mobile/Phone Banking

PAL™ (Automated Phone Banking) and *Advantages Online™* (Online Banking and Mobile App) are services offered with every new account. Both services allow you to access your UECU accounts and perform transactions 24/7. Member E-Statements and Tax Forms are also available; to receive statements electronically, you must be signed up for *Advantages Online™*. If there is an owner of the account under age 13, an owner age 18 or older must sign a consent form in order to access these services.

- I do not want access to my account via the *PAL™* Audio Response System.
 I do not want access to my account via *Advantages Online™* (online/mobile).

Other Services

I am interested in the following products:

- Visa® Credit Card Vehicle Loan Student Loan
 Personal Loan Home Loan/Mortgage
 IRA/Investment Other _____

Checking Account

Please visit uecu.org/checking for a full comparison of our checking products.

You must be at least 18 years of age for an individual account. If you are 13-17 years of age, a joint owner, 18 years or older is required.

- Rewards Checking Account Rewards Checking PLUS Account Freedom Checking Account
 CHECKS – Yes, please order checks for me (1st set is free of charge!)
 Overdraft Protection – Please set up to my Share Savings Account (Additional Overdraft options are available, contact us for more information)
 Debit Card (Primary) Debit Card (Joint Owner if applicable)

*Required sections

Continued on back

Joint Owner Information

Membership Eligibility: I am the _____ of the Primary Member OR Other Eligibility _____
(Family Relationship)

Name (First, Middle Initial, Last, Suffix)	Date of Birth (mm/dd/yyyy)	Social Security Number		
Physical Address	Street	City	State	ZIP Code
Mailing Address (if different)	Street or PO Box	City	State	ZIP Code
Home Phone (with area code)	Cell Phone (with area code)	Work Phone (with area code)		
Driver's License # OR Gov't Issued ID #	State/Country of Issue	Expiration Date	Mother's Maiden Name or Security Word	
Email Address	Employer	Occupation		
Citizenship (Additional Documentation Required for any non-US Citizen - Please contact us for details) <input type="checkbox"/> US Citizen <input type="checkbox"/> US Resident Alien <input type="checkbox"/> Nonresident Alien - _____ Country of Citizenship				

Joint Owner Information

Membership Eligibility: I am the _____ of the Primary Member OR Other Eligibility _____
(Family Relationship)

Name (First, Middle Initial, Last, Suffix)	Date of Birth (mm/dd/yyyy)	Social Security Number		
Physical Address	Street	City	State	ZIP Code
Mailing Address (if different)	Street or PO Box	City	State	ZIP Code
Home Phone (with area code)	Cell Phone (with area code)	Work Phone (with area code)		
Driver's License # OR Gov't Issued ID #	State/Country of Issue	Expiration Date	Mother's Maiden Name or Security Word	
Email Address	Employer	Occupation		
Citizenship (Additional Documentation Required for any non-US Citizen - Please contact us for details) <input type="checkbox"/> US Citizen <input type="checkbox"/> US Resident Alien <input type="checkbox"/> Nonresident Alien - _____ Country of Citizenship				

*Agreement and Signature

I/We agree to maintain a minimum balance of \$5.00 in my/our Share Savings Account.

I/We certify the information provided is true and correct and authorize UECU to check my/our account, credit, employment history, and to obtain consumer reports from third parties, including credit bureau reports, in order to determine my/our eligibility for Credit Union accounts and services. I/we understand that UECU may rely on information in this application and in consumer and credit bureau reports to make its decision.

By signing this application, I/we agree to the conditions stated in the Account Agreement and Disclosures, Rate and Fee Schedules, and Credit Union Bylaws and Policies, and any amendments to these documents made from time to time which collectively govern my/our membership and accounts.

Note: The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

If applicant is under 18 years of age, parent/sponsor must sign child's name followed by parent's/sponsor's initials

Primary Owner Signature	Date
Joint Owner Signature	Date
Joint Owner Signature	Date

Savings Account Trust - Beneficiary Payee Designation(s)

I/We are requesting a form be delivered by mail to add a beneficiary designation to my/our new UECU account.

Return completed form to UECU, P.O. Box 14864, Reading, PA 19612-4864