



Membership Card

P.O. Box 1954 | Spokane, WA 99210-1954 | Phone (509) 326-1954 | (800) 858-3750 | stcu.org



Member information

Eligibility: <input type="checkbox"/> WA State <input type="checkbox"/> North Idaho Counties		<input type="checkbox"/> Non Member <input type="checkbox"/> Qualified Family	<input type="checkbox"/> Qualified Association <input type="checkbox"/> Financial Institution	<input type="checkbox"/> CBP <input type="checkbox"/> Student	* Member #	
Name: First, Middle initial, Last			SSN	DOB		
Code word	Email	Driver's license #	State	Issue date	Expire date	
Physical address: street, city, state & zip						
Mailing address: street, city, state & zip						
Home phone	Work phone	Cell phone	Employer	Occupation		

Account Owner

TIN and Backup Withholding Certification

By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my correct identification number, and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

- I am subject to backup withholding I am not a U.S. citizen or resident (Complete W-8 BEN) Exempt

Authorization

By signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures & Rate and Fee Schedule, Funds Availability Policy Privacy Policy and Electronic Funds Transfer Agreement and to any amendment you make from time to time which are incorporated herein. I acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above.

I irrevocably waive the right to dispose by Will of any of my accounts with the Credit Union, now and in the future.

The Internal Revenue Service does not require your consent to any provision of this Account Card other than the certifications required to avoid backup withholding.

X _____
Signature Date

STCU use only

eSign	Doc reviewed:	eSign ID #:	Doc completed:		
	Employee:	OP #:	Branch:	Date:	

*A Bar Code Sheet is required if the member number is not typed.

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