Membership Card

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

Action (select if applicable)**:** ❑ Name change

Member information

Account Owner

Eligibility: ❑ WA State ❑ Non Member ❑ Qualified Association ❑ CBP ❑ North Idaho Counties ❑ Qualified Family ❑ Financial Institution ❑ Student

* Member #

Name: First, Middle initial, Last	SSN	DOB	City of birth

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

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**

4919

STCU use only

eSign	Doc reviewed:	eSign ID #:	Doc completed:

Branch	Employee:	OP #:	Branch: **124 Queensgate**	Date:

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

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