



MEMBERSHIP APPLICATION
 2626 W. Kennewick Ave, Kennewick WA 99336
 509-735-8331 www.Tri-CU.com

Member Number: _____

Account Password: _____

There is an initial \$5 savings (share) deposit required for life of account.

Check: live work worship attend school in Benton or Franklin County, Washington.

Thank you for joining! What brought you?

- Referred by family Referred by friend Convenient Location Good Loan Rates Free Checking/Bill Pay
- Tired of my "big bank" Already a member Other: _____

Ownership Information

Member: _____ SSN: _____ Drivers License # _____
 Birthday: _____ E-mail: _____
 Phone#: _____ Work Phone: _____ Employer: _____
 Address: _____ City, State, ZIP: _____
 Mailing Address (if different): _____

Joint Owner: _____ SSN: _____ Drivers License # _____
 Birthday: _____ E-mail: _____
 Phone#: _____ Work Phone: _____ Employer: _____
 Address: _____ City, State, ZIP: _____
 Mailing Address (if different): _____

Joint Owner: _____ SSN: _____ Drivers License # _____
 Birthday: _____ E-mail: _____
 Phone#: _____ Work Phone: _____ Employer: _____
 Address: _____ City, State, ZIP: _____
 Mailing Address (if different): _____

Account Designations (POD)

All Accounts Specific _____ Joint Owner has rights of survivorship

Beneficiary: _____
 Street Address: _____
 CSZ: _____
 SSN/TIN: _____

Accounts and Services Requested

The terms, conditions and account selection information on this card apply to all the accounts listed below, unless the credit union is notified in writing of a change.

- Checking Visa Debit Card OPT-IN Protect 24-Hour Teller Home-banking
- Bill-Pay Personal Credit Line Credit Card Auto Refinance Business Account
- eStatements / eNotices Other: _____
- I anticipate regular or frequent use of International Wires I anticipate regular or frequent use of Cashier Checks

AUTHORIZATION:

I must be signed in the presence of a TCFCU employee or notarized. Two forms of photo identification must be presented or a copy supplied. By signing below, you authorize TCFCU to provide information about your accounts(s) to any person or entity when required by law, you agree to the terms and conditions in the "Important Account Information for Our Members" brochure and those related to all other selected services which you acknowledge receiving and to any amendment this credit union makes from time to time, which are contained and incorporated within. By signing below, you also authorize TCFCU to retrieve your credit report and score as needed, which may be used to pre-qualify you for loans or to establish your initial or continued eligibility for certain products and services.

NOTICE:

We reserve the right to waive the disposing of an account by an existing or future will, with joint owner survivorship or for which Payable on Death (POD) beneficiaries have been named.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION: (Cross out those which do not apply)

Under penalties of perjury I state that the TIN number shown on this form is my correct taxpayer identification number. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failing to report all interest or dividends, or (c) the IRS has informed me that I am not subject to backup withholding and I am a U.S. person (including a U.S. resident alien).

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____