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**

Eligibility: ☐**Crow Wing Power** ☐**CWPCU** ☐**People's Security** ☐ **Relative:**_____**(name)**

How did you hear about CWPCU?

☐**Facebook** ☐**Radio** ☐**Website** ☐**Referral** ☐**Other:** _____

PRIMARY MEMBER: ☐**MARRIED** ☐ **UNMARRIED (INCLUDE SINGLE, DIVORCED, WIDOWED, UNMARRIED)** ☐**SEPARATED**

First Name:	MI:	Last Name:	DOB:
Mailing address		Physical address:	
City:		State:	ZIP Code:
Cell:		Home:	**SSN#** - -
DL#:		State Issued:	Expiration Date:
Employer:		Occupation (Job title):	Work Phone:
EMAIL:		☐ RETIRED - FROM (Job title):	
Verbal Password : **(For Phone Verification)**		**Verbal Hint For Password:**	

JOINT MEMBER: ☐**MARRIED** ☐ **UNMARRIED (INCLUDE SINGLE, DIVORCED, WIDOWED, UNMARRIED)** ☐**SEPARATED**

First Name:	MI:	Last Name:	DOB:
Mailing address:		Physical address:	
City:		State:	ZIP Code:
Cell:		Home:	SSN#
DL#:		State Issued:	Expiration Date:
Employer:		Occupation (Job title):	Work Phone:
EMAIL:		☐ RETIRED - FROM (Job title):	

ONLINE BANKING/POWER TELLER

Online Banking: ☐**YES (Choose a 4 digit PIN: __ __ __ __)** ☐**NO ONLINE BANKING**

****AVOID USING SOCIAL SECURITY NUMBER FOR PIN**

BENEFICIARY (PERSON OTHER THAN PRIMARY OR JOINT OWNER)
(ALL SUFFIXES WITHIN ACCOUNT - EXCEPT IRA'S)

Name:	Name:
Address:	Address:
Phone #:	Phone #:
Soc Sec#	Soc Sec#

EMERGENCY CONTACT/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:

CREDIT UNION ONLY

☐ **ID COPY/SCANNED** ☐**QUALIFILE/OFAC** ☐**JT OWNER** ☐ **BENEFICIARY** ☐ **AUDIO RESPONSE ACCESS**
Checking Only:
☐Credit Report ☐ *Liberty Check Order Style*: ☐ LIDS ☐ LISS Start #: _____
☐ OD Protect ☐ ATM/Debit Card #'s: (P)_____ (J) _____
☐ **Eligibility**(CWP,PSC,CWPCU) Member Number:_____
☐ PO Box physical address online message ☐ Address on ID copy matches address on application--If NO attach explanation for mismatch
☐ **Alert Message (90 Days) New Account and Pin Number** Initial: _____ Date: _____ Account #: _____