



# Membership Application

- Savings
- Checking
- Certificate of Deposit
- Trust Account
- Money Market
- UTMA Account
- Online Banking
- e-statements
- IRA
- \_\_\_\_\_

Member Number \_\_\_\_\_

## Primary Member Information (required)

\_\_\_\_\_  
Name (Last, Jr/Sr, First, Middle Initial) Social Security Number

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\_\_\_\_\_  
Address City State Zip

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\_\_\_\_\_  
Home Phone Work Phone Cell Phone

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\_\_\_\_\_  
Date of Birth Driver License/ID Number Email Address (optional)

Within the last twelve (12) months, have you had a checking, share draft, or other account subject to withdrawal by negotiable or transferable instrument?

No  Yes If so, where? \_\_\_\_\_

Within the last twelve (12) months, has an financial institution involuntarily closed your checking, share draft, or other account subject to withdrawal by negotiable or transferable instrument?  No  Yes If so, where? \_\_\_\_\_

Within the last twenty-four (24) months, have you been convicted of a criminal offense involving the use of a check or similar instrument?  No  Yes

## Joint Account Holder (if applicable)

\_\_\_\_\_  
Name (Last, Jr/Sr, First, Middle Initial) Social Security Number

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\_\_\_\_\_  
Address City State Zip

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\_\_\_\_\_  
Home Phone Work Phone Cell Phone

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\_\_\_\_\_  
Date of Birth Driver License/ID Number Email Address (optional)

How did you hear about West Financial® \_\_\_\_\_

## Eligibility

I am eligible for membership because I live, work, worship, volunteer or attend school in Corcoran, Greenfield, Independence, Loretto, Medina, Plymouth or Wayzata, MN

I am eligible because I am a relative of a current member \_\_\_\_\_  
name of member

I am eligible through employment \_\_\_\_\_  
name of employer

**Information About Procedures for Opening a New Account:** 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 to you:** When you open an account, we 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.

Everything I/we have stated in this application is true to the best of my/our knowledge. I/we understand that West Financial® will retain this application whether or not it is approved. I/we understand that Title 18 US Code, Section 1014 makes it a federal crime to knowingly make false statements on this application. West Financial® is authorized to verify my/our employment, check my/our credit history, and to answer any questions about their credit experience with me/us. By making this Application, I/we agree to (1) the terms and conditions governing all West Financial® accounts; (2) the terms of any agreements for specific services such as checking, savings, time deposits, and electronic banking and (3) the terms of West Financial® Fee and Information Schedule as amended time to time. I/we also agree to all terms, whether posted on West Financial® premises, printed on deposit slips, contained in your Fee and Information Schedule, or enclosed with statements. I/we understand that any of the terms may be changed by West Financial® from time to time. The Internal Revenue Service does not require your consent to any provision of this document other than their certifications required to avoid backup withholding.

## Signature(s)

\_\_\_\_\_  
Member Signature Date Joint Owner Signature Date

## Account Designations

Payable on Death

All Accounts

Designate Specific Accounts \_\_\_\_\_

\_\_\_\_\_  
Beneficiary/POD Payee

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Beneficiary/POD Payee

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Payroll Deduction/Direct Deposit

Changes

Add Joint Owner

Remove Joint Owner

Name Change (need documentation)

Date of Change \_\_\_\_\_

ATM Card

Issue Instant Cash Card In Primary Owner Name

Issue Instant Cash Card In Joint Owner Name

Visa Debit Card

Issue Visa Debit Card in Primary Owner Name

Issue Visa Debit Card in Joint Owner Name

**IMPORTANT:** Debit Card purchases are deducted from your checking account ONLY

## Taxpayer ID Number Certification & Backup Withholding Information:

The Internal Revenue Service does not require your consent to any provision of this section other than the certification required to avoid backup withholding. Under penalties of perjury, I certify that: (1) the number shown of this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: a) I am exempt from backup withholding, or 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, and (3) I am a U.S. person (including a U.S. resident alien). Instructions: Complete a W-8 BEN if you are not a U.S. person. By signing below, I certify under penalties of perjury that the statement above is correct.

\_\_\_\_\_  
Primary Member's Signature

\_\_\_\_\_  
Date

### For Credit Union Use Only

FSR Initials \_\_\_\_\_

Date Account Opened \_\_\_\_\_

ATM Limit \_\_\_\_\_

Online Banking (HFS) \_\_\_\_\_

Debit Card Limit \_\_\_\_\_

Credit Bureau Score \_\_\_\_\_

Card Number \_\_\_\_\_

Date Disclosures Mailed \_\_\_\_\_

**Send completed application along with a copy of your identification and a \$25.00 minimum initial deposit to:**

#### Medina Office

3575 Sioux Drive  
Medina, MN 55340  
763.235.6000

#### Plymouth Office

13600 Industrial Park Blvd  
Plymouth, MN 55441  
763.235.6020  
1.800.551.0225

#### Plymouth/Rainbow Foods Branch

16705 County RD 24  
Plymouth, MN 55447  
763.235.6034

#### Staunton Office

207 Laurel Hill RD  
Verona, VA 24482  
540.248.9491

#### Auburn Office

4900 Technology Park  
Auburn, NY 13021  
315.258.8059