

Member Account Card



PO Box 3327
Spokane, WA 99220
509.483.9416 • 800.365.5168
www.safewayfcu.com

☐ New ☐ Updated

Please Provide a copy of ID/Driver's License

MEMBERSHIP ELIGIBILITY *Check ONE of the following:*

Grocery Store ☐ Safeway ☐ Other
☐ Albertsons ☐ Yokes

Store # :

☐ Family/Relative of member or person eligible for membership

Name of Family Member

NEW MEMBER INFORMATION

New Member Name				Account Number:			
Physical Address				Mailing Address			
Email Address				Mother's Maiden Name			
Birth Date				SSN			
Employment				Phone			
ID Type/State		ID No.		Issue Date		Exp. Date	

ACCOUNT OWNERSHIP *Designate additional ownership (Joint with Right of Survivorship)*

Joint Owner #1

Name							
Address				Email Address			
Birth Date				SSN			
Employment				Phone			
ID Type/State		ID No.		Issue Date		Exp. Date	

Joint Owner #2

Name:							
Address				Email Address			
Birth Date				SSN			
Employment				Phone			
ID Type/State		ID No.		Issue Date		Exp. Date	

PAYABLE ON DEATH (POD) BENEFICIARY DESIGNATION *Designate POD beneficiaries – All Accounts*

Beneficiary Name				SSN		Birth Date	
ID Type State		ID No.		Issue Date		Exp. Date	
Beneficiary Name				SSN		Birth Date	
ID Type State		ID No.		Issue Date		Exp. Date	
Beneficiary Name				SSN		Birth Date	
ID Type State		ID No.		Issue Date		Exp. Date	

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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. This account is maintained in the US and not subject to FATCA reporting.

- ☐ I am subject to backup withholding
- ☐ I am not a United States citizen or resident alien (Complete W-8 BEN)
- ☐ Exempt - Payee Code _____

AUTHORIZATIONS

Authorization for Accounts & Services. By signing below, I/we agree to the terms and conditions of the Safeway Federal Credit Union Membership and Account Agreement, Truth-in-Savings Disclosures & Rate and Fee Schedule, Funds Availability Policy, Privacy Policy, Electronic Services Agreement and to any amendment you make from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above. I/We authorize the Credit Union to obtain a credit report from a credit reporting agency, to verify eligibility for the accounts and services requested. I/We certify that the information contained herein is true and correct.

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.

Member Signature:	Date:	Joint Owner Signature:	Date:
		Joint Owner Signature:	Date:

Credit Union Use Only

Account #		Date Opened		ID Verification	
Opened By		Check Systems		OFAC	
Date of Change		Changed By			

Account Questionnaire:

What will your primary source of deposits be?

_____ Payroll (ex: Safeway, Albertsons, Yokes, etc.)

_____ Sole Proprietor business deposits

_____ Social Security/Retirement deposits

Will you be utilizing the account for international wires on a regular basis?

_____ Yes

_____ No

Do you plan to use P2P or A2A transaction type services on a regular basis? (ex: Venmo, cash app, etc.)

_____ Yes

_____ No

Do you conduct business outside the US on a regular basis?

_____ Yes

_____ No

Are you a permanent US citizen?

_____ Yes

_____ No

X _____

Signature

X _____

Joint Signature if applicable