

Signature Card



529 E North Foothills Drive
 PO Box 3327-Spokane, WA 99220
 (509) 483-9416 or (800) 365-5168
www.safewayfcu.com

To join the credit union, please complete
 this form and provide a copy of your
 driver's license or other photo I.D.

c.u. office use:
 Acct. # _____
 Date opened _____
 Ofac & picture id _____
 Initials _____

Your Name:		SSN:	
Mailing address:		City:	State: Zip:
Physical address (required):		City:	State: Zip:
Work Number:	Home Number:	Cell Phone:	
E Mail:		Membership Eligibility:	
Driver's License #	Issue State :	I.D. verified (office use)	
DOB:		Mothers Maiden Name	
Employer:	Occupation:	If Retired, Former Occupation:	
Account Type: <input type="checkbox"/> Individual <input type="checkbox"/> Joint with Rights of Survivorship <input type="checkbox"/> Living Trust <input type="checkbox"/> Payable on Death			
Your Signature:		Date:	
What Credit Union Services are you interested in? Please check all that apply. <input type="checkbox"/> Savings <input type="checkbox"/> Loans <input type="checkbox"/> Credit Cards <input type="checkbox"/> Checking <input type="checkbox"/> Certificates of Deposit			

To Add a Joint Owner (if applicable):

Joint Owner:		Relation to Primary:	
Address:		Employer:	Occupation:
Home Phone:	Work Phone:	Cell Phone:	
Driver's License #	Issue State	Expiration:	I.D. Verified
SSN:	Your DOB	Mothers Maiden Name	
Joint Owner Signature:		Date:	

To add a Second joint Owner (if applicable):

Joint Owner:		Relation to Primary:	
Address:		Employer:	Occupation:
Home Phone:	Work Phone:	Cell Phone:	
Driver's License #	Issue State	I.D. Verified	
SSN:	Mothers Maiden Name	DOB	
Joint Owner Signature:		Date:	

To add a "payable" on Death Beneficiary (if applicable):

Beneficiary Name:		Address:	Phone:
SSN	Mothers Maiden Name	DOB	I.D. Verified

POD Signature:

To add a second "payable" on Death Beneficiary (if applicable):

Beneficiary Name:		Address:	Phone:
SSN	Mothers Maiden Name	DOB	I.D. Verified

POD Signature:

TIN & 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 taxpayer Identification Number (TIN)/Social Security Number (SSN) 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 United States citizen or resident (complete W-8 form) Exempt

By signing above, I/We agree to the terms and conditions of the Membership and Account Agreement, Fund Availability Policy, Electronic Funds Transfer Agreement, Privacy Notice and Disclosure, Truth in Savings Disclosure and Fee Schedule, and to any amendment the Credit Union makes from time to time which is incorporated herein. I/We acknowledge receipt of a copy of the disclosures applicable to the accounts and services requested. The Safeway Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. **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**