



# MEMBERSHIP APPLICATION

Member Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_

**Important Information About Procedures for Opening a New Membership 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 for me: When I open a membership account, you will ask for my name, address, date of birth and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

First Name	Middle Name	Last Name		
Street		City	State	ZIP Code
Home Phone	Business Phone	Mobile Phone		
Social Security Number	Birth Date	E-Mail		
Member Employer		Member Occupation		
Driver's License Number/State/Issue & Expiration Date		Mother's Maiden Name		

**Membership Eligibility**

I am eligible for membership due to the following: live, work, worship or study in this county:

California:  Alameda  Contra Costa  San Francisco  San Mateo  Santa Clara

Arizona:  Pima

I am employed by a technology-based entity in California or Arizona

I am employed by \_\_\_\_\_

I am a family member of \_\_\_\_\_ Relationship \_\_\_\_\_ Account Number \_\_\_\_\_

By signing below, I certify, under the penalties of perjury, that:

1. The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me); **and**
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 a 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).

**I am not a U.S. Citizen, including non-resident alien or foreign national** (Complete IRS W-8 Form).

I authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time. I understand that this will assist you, for example, in determining my initial and ongoing eligibility for my accounts and/or in connection with making future credit opportunities available to me. I authorize you to give information concerning your experiences with me to others. If I currently am not a member, I hereby make application for membership in Meriwest Credit Union ("Credit Union") and certify that I am within the Credit Union's field of membership. I agree that you may retain this Membership Application and any other information you may receive. I agree to conform to your bylaws, as well as all applicable terms and conditions set forth in the Account Disclosure and Deposit Agreement (receipt of which is hereby acknowledged and which is incorporated by this reference), Fee Schedule, Rate Schedule, Courtesy Pay Overdraft Privilege and Personal Loan Application. I understand and agree that this Membership Application shall only govern the account set forth above. I will execute additional Signature Card(s) to open other account(s) with you.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by the owners, or any of them except by written notice to the Credit Union, which written notice shall not affect transactions previously made. Shares are not transferable except on the books of the Credit Union.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

FC Number:	Symitar Number:
Application Approved By:	Date:



## Account Closure Request

Required information. Please complete.

Name: \_\_\_\_\_

Joint Signer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Starting Check #: \_\_\_\_\_

Your Meriwest Account Number: \_\_\_\_\_

Dear Account Representative:

I am in the process of transferring my account(s) to Meriwest Credit Union. Please consider this letter as an official request to close my account(s) with you.

I understand that I will need to wait until all checks and automatic withdrawals have cleared before I close my account(s). I have already arranged to switch my automatic withdrawals and payroll deposit to my new account(s) with Meriwest Credit Union.

Please let me know if you need anything else from me before closing my account(s). My account information is as follows:

**Name on Account**

**Account Number(s)**

_____
_____
_____

Please mail the remaining balance(s) in the form of a check, made payable to me:

**Payee:** \_\_\_\_\_

**Meriwest Credit Union**  
**Attention: Member Service Operations**  
**P.O. Box 530953**  
**San Jose, CA 95153-5353**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Visit Meriwest online at [www.meriwest.com](http://www.meriwest.com) or call **877-MERIWEST** (877-637-4937)

Your savings federally insured to at least \$250,000, and backed by the full faith and credit of the United States Government by the National Credit Union Administration, a U.S. Government Agency. We do business in accordance with the Federal Fair Housing Law and Equal Credit Opportunity Act.

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**Direct Deposit Authorization**

**Note:** Your employer may have a Direct Deposit form you should use. If not, this form is provided for your convenience. Information needed by your employer. Please complete all the requested information.

Employee Name: \_\_\_\_\_

Employee Number (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

I hereby authorize my employer, \_\_\_\_\_  
to make the following payroll deposit into my account at:

**Meriwest Credit Union Routing/ABA Number: 321176833**

- Please send the direct deposit of my net check to account number: \_\_\_\_\_
- Please send a payroll deduction of \$ \_\_\_\_\_ per pay period to account number: \_\_\_\_\_
- Please allocate my payroll deduction each pay period as follows:

Account Number*	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	Amount
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<b>Total:</b>			<b>\$ _____</b>

\* To find your checking account number, please refer to the line of digits at the bottom of your checks. Use the 10-digit number at the bottom of your check.

- Please cancel my net check deposit
- Please cancel my payroll deduction

Signature \_\_\_\_\_

Date \_\_\_\_\_

If opening the account through the mail, enclose this completed form with your membership application and mail to:

**Meriwest Credit Union**  
**P.O. Box 530953**  
**San Jose, CA 95153-5353**

Visit Meriwest online at [www.meriwest.com](http://www.meriwest.com) or call **877-MERIWEST (877-637-4937)**

Your savings federally insured to at least \$250,000, and backed by the full faith and credit of the United States Government by the National Credit Union Administration, a U.S. Government Agency. We do business in accordance with the Federal Fair Housing Law and Equal Credit Opportunity Act.

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## Check Order Form

Required information. Please complete.

Name: \_\_\_\_\_

Joint Signer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Starting Check #: \_\_\_\_\_

Your Meriwest Account Number: \_\_\_\_\_

**Please Note:** This order form should be used only for ordering the standard Meriwest Credit Union corporate image style check. Other styles may be ordered by visiting your nearest Meriwest financial center. You may also speak with a financial service representative by calling our Contact Center at **877-MERIWEST** (877-637-4937). All Meriwest checks are carbonless duplicate style checks.

Access to a full range of financial products and services is just a call, click or visit away:

- Call **877-MERIWEST** (877-637-4937), select option 3
- Visit any of our financial centers in the Bay Area: San Jose, Santa Clara, Sunnyvale, Milpitas, Mountain View, and Palo Alto
- Visit us online at **www.meriwest.com**

### Meriwest Online Banking and Bill Pay

With Meriwest Bill Pay, you can pay your bills online in minutes. No more writing checks. No more buying stamps and envelopes. At your convenience, you can:

- Send money to almost anyone nationwide
- View payment history
- See a list of scheduled payments
- Set up to receive and view eBills – with no need to go to the biller's site
- You can make one-time payments for bills or set up automatic payments for recurring bills
- Pay multiple bills on one screen
- See the status of your payments

### Enrollment is Easy

In order to enroll in Bill Pay, all you need is a checking account. Once you enroll, you can start using Bill Pay immediately. Enroll today – Bill Pay is **FREE** for active users.

### Bill Pay is Part of Meriwest's Online Banking<sup>SM</sup> Service

View checking activity, such as cleared checks and deposits – 24 hours a day, seven days a week online – **FREE** of charge! Once you log on to Meriwest Online Banking, you can select the Bill Pay option on the top navigation bar. The first time you select the Bill Pay option, an enrollment screen will appear.

Take a tour of Online Bill Pay: <http://www.meriwest.com/billpaydemo>

Also check out Meriwest Mobile Banking! Just look for our app in the Apple App Store or Google Play directly from your device.

Visit Meriwest online at [www.meriwest.com](http://www.meriwest.com) or call **877-MERIWEST** (877-637-4937)

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