



698 North Iowa Street
 Chandler AZ 85225
 480-963-5661
 Fax 480-963-3574
 www.santancu.org

Membership Application

By completing this application and signing on the reverse, I/We agree to the terms and conditions of the Membership and Account agreements, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, Privacy Policy and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We authorize the use of credit checks, depository history information and verification of employment. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested. If an access card (i.e. ATM/VISA debit card) or EFT service (i.e. audio response, electronic banking service) is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement. This membership card governs all accounts designated with this member number.

TIN CERTIFICATION AND BACKUPWITHOLDING INFORMATION

Under penalties of perjury, I certify that: (1) The number shown on this application 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 a failure to report all interest or dividends, or (3) 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).

NOTE: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

MEMBER #	MEMBER LAST NAME	FIRST	MIDDLE
E-MAIL ADDRESS			
SOCIAL SECURITY NUMBER/TIN	DATE OF BIRTH	HOME PHONE	WORK PHONE
CURRENT ADDRESS			
CITY	STATE	ZIP	
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)			
EMPLOYER	DEPARTMENT OR OCCUPATION		MOTHER'S MAIDEN NAME
ELIGIBILITY	ID TYPE & NO.		

JOINT OWNER #1		ID TYPE & NO.	
JOINT OWNER LAST NAME		FIRST	MIDDLE
SOCIAL SECURITY NUMBER/TIN	DATE OF BIRTH	HOME PHONE	WORK PHONE
JOINT OWNER #2		ID TYPE & NO.	
JOINT OWNER LAST NAME		FIRST	MIDDLE
SOCIAL SECURITY NUMBER/TIN	DATE OF BIRTH	HOME PHONE	WORK PHONE

The San Tan Credit Union (STCU) is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with STCU that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge STCU from any liability for such payment. The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to the credit union which shall not affect transactions theretofore made.

I/We request electronic access to our account via an ATM card.

Member signature _____ Date _____

Joint Owner signature _____ Date _____

Joint Owner signature _____ Date _____

Notary signature affidavit below: required when submitting application by mail or when any signer is not present at account opening.

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public _____

State of _____ County of _____

FOR CU USE ONLY NEW REVISION

DATE OF MEMBERSHIP _____ **STAFF INITIALS** _____