



PO Box 4000  
 Spokane Valley, WA 99037  
 509.535.7613 • 800.433.1837  
 numericacu.com

**MEMBER APPLICATION – VACATION PAY ACCOUNT**

PRINT LEGAL NAME _____				
HOME PHONE	CELL PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
*GOVERNMENT ISSUED VALID PICTURE ID #	DATE ISSUED	EX. DATE	STATE & COUNTRY ISSUED	ID TYPE
PHYSICAL ADDRESS	CITY	STATE/PROVIDENCE	ZIP/POSTAL CODE	COUNTRY
EMPLOYER	OCCUPATION	WORK PHONE NUMBER		
Mailing Address (if different from Physical Address)				

<p><b>U.S. Tax Reporting</b></p> <p><input type="checkbox"/> I have a U.S. Social Security Number.</p> <p style="padding-left: 40px;">My number is _____ - _____ - _____</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> I have a U.S. ITIN</p> <p style="padding-left: 40px;">My number is _____ - _____ - _____</p>	<p><b>U.S. Citizen Status</b></p> <p><input type="checkbox"/> I am a U.S. Citizen</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> I am a U.S. Resident Alien</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> I am a Non-Resident Alien</p> <p style="padding-left: 40px;">My Country of Residence is _____</p>
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**Authorization**

*I agree to the terms and conditions of the Account Agreement, Fee Schedule, Funds Availability Policy Disclosures, and to any amendment you make from time to time which are incorporated herein. I acknowledge receipt of a copy of the Agreements and Disclosures applicable to the share accounts requested. Irrevocable Waiver of Disposition of Non-probate Assets Under Will I irrevocably waive rights to dispose of non-probate assets under any existing or future will from my account at the Credit Union. I understand that the funds in my account will pass outside of my will(s) to joint owners if any are designated on my accounts and further, passing to account beneficiaries if I so choose.*

**SSN/TIN and Backup Withholding Information**

*I certify, in accordance with IRS W-9 instructions and under penalties of perjury that the Social Security number/Tax Identification number shown above is my/the correct number and that I am NOT, unless designated above, subject to back up withholding. I have not been notified that I am subject to back up with holding as 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 not Subject to Backup Withholding

**OR**

I have been notified by the IRS and I am Subject to Backup Withholding

*To comply with the USA Patriot Act, Federal Law requires us to obtain, verify, and record information that identifies each member applying for and opening new accounts with our credit union.*

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

*By signing above, you authorize Numerica Credit Union to verify your credit history, obtain a credit report, obtain further information for periodic review of your accounts, and to make its experience with your account(s) available to credit bureaus or provide information about your account(s) to any personal entity when required by law.*

Submit completed application to the Operations Department at Numerica Credit Union via e-mail at [branchoperations@numericacu.com](mailto:branchoperations@numericacu.com) or by fax to 509-340-6309. Any questions can be e-mailed to the Operations Department at [branchoperations@numericacu.com](mailto:branchoperations@numericacu.com).