

PLEASE MAIL YOUR COMPLETED FORM TO:

Qualstar Credit Union, PO Box 96730 Bellevue, WA 98009-7730 • 1-800-848-0018 • www.qualstarcu.com



My Eligibility is Through (check one only):

EMPLOYER (please provide company name) _____

COMMUNITY (please provide the community you live or work in) _____

FAMILY MEMBERSHIP (please provide family member's name) _____

For Credit Union Use Only:

Account #

▶ PRIMARY Account Owner (all fields required)		LAST NAME	FIRST/ MIDDLE
PHYSICAL ADDRESS		MAILING ADDRESS (if different from physical address)	
CITY	STATE	ZIP	
HOME PHONE #	CELL PHONE #	EMAIL ADDRESS	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
DRIVER'S LICENSE/STATE ID/PASSPORT#	ISSUE DATE	EXP. DATE	
▶ JOINT Account Owner (with Right of Survivorship)		LAST NAME	FIRST/ MIDDLE
STREET ADDRESS			
CITY	STATE	ZIP	
HOME PHONE #	CELL PHONE #	EMAIL ADDRESS	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
DRIVER'S LICENSE/STATE ID/PASSPORT#	ISSUE DATE	EXP. DATE	

If no Joint Account Holder is designated, you can choose to add a Payable on Death (POD) Beneficiary (no applicable on IRAs):

Beneficiary: _____ Relationship: _____

▶ Please choose a Security/Code Word (we will ask for this when you request account information.) _____

I am interested in the following additional PRODUCTS and/or SERVICES:

- | | |
|--|--|
| <input type="checkbox"/> SIMPLY CHECKING* (see check order section below) | <input type="checkbox"/> VISA CHECK CARD |
| <input type="checkbox"/> PREMIER CHECKING* (see check order section below) | <input type="checkbox"/> HOLIDAY CLUB |
| <input type="checkbox"/> MONEY MARKET ACCOUNT* (see check order section below) | <input type="checkbox"/> SHARE CERTIFICATES |
| <input type="checkbox"/> IRA ACCOUNTS | <input type="checkbox"/> YOUTH ACCOUNTS (StarSaver 0-12; MyCash 13-18) |

*See current Rate & Fee Schedule for more information on rates, terms and applicable fees.

I would like to order CHECKS (Credit approval required for check writing and ATM deposit services.)

You have the option of ordering checks* on checking and money market accounts. Please fill out the information below to receive basic Qualstar checks. Your account will be charged for your check order. Please contact Qualstar for current check prices.

Please print my checks with the following information:

Check Starting # _____

- | | | | |
|---------------------------------------|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> PRIMARY NAME | <input type="checkbox"/> JOINT NAME | <input type="checkbox"/> HOME PHONE # | <input type="checkbox"/> CELL PHONE # |
| <input type="checkbox"/> ADDRESS | <input type="checkbox"/> DRIVER'S LICENSE #'s | <input type="checkbox"/> OTHER _____ | |

I would like to apply for a LOAN:* Please select the type of loan(s) you are interested in:

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> AUTO (purchase or refinance) | <input type="checkbox"/> BOAT / RV | <input type="checkbox"/> HOME EQUITY |
| <input type="checkbox"/> VISA GOLD CREDIT CARD | <input type="checkbox"/> MOTORCYCLE | <input type="checkbox"/> MORTGAGE (purchase or refinance) |

By checking the above box and signing below you are authorizing Qualstar Credit Union to obtain your credit report. You will be contacted by our Lending Department regarding your request. *All loans are based on approved credit. Restrictions may apply.

I would like to receive DIRECT DEPOSIT/PAYROLL DEDUCTION Please provide the name of your employer below:

The most convenient way to have your funds deposited to your Qualstar Account! If your employer offers this service and you would like to have all or part of your paycheck deposited directly to Qualstar, please fill out the information below and we will mail you instructions for how to set up Direct Deposit to Qualstar.

Employer's Name _____

AUTHORIZATION: By signing below I/We agree to the terms and conditions* of the Membership and Account Agreement, Truth-in-Savings Rate & Fee Schedule, Funds Availability Policy, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. If an ATM card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We authorize Qualstar to check my/our credit, verify employment history, obtain a credit report and answer questions about its credit experience with me/us. The above information is true and complete to the best of my/our knowledge. I/We understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

*All disclosures are available at www.qualstarcu.com or by obtaining a copy from any of our branch locations.)

- I am subject to backup withholding. I am not a United States citizen or resident (complete W-8). I am Exempt

X _____ **X** _____
 Primary Member Signature Date Joint Member Signature Date