



PO Box 14864 - Reading, PA 19612

Membership Application

Join Online: Visit uecu.org/join

UECU Office Use Only

Eligible/Entered _____ Date _____
Verified _____ Date _____

USA PATRIOT ACT Section 326 - Customer Identification Program: 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 you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

*Primary Owner - Membership Eligibility

☐ I am a relative of a current Utilities Employees Credit Union (UECU) Member.

Name of Family Member	Relationship
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☐ I am the employee or retiree of a UECU Partner Company OR a member of a UECU Association.

Name of UECU Partner Company OR Association	Referred By
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☐ I am a resident of Pennsylvania joining via the Pennsylvania American Consumer Council (PACC).

I signed the PACC Membership Agreement. ☐ Yes ☐ No

☐ I am a current UECU Member.

☐ I used to have a UECU account.

*Primary Owner Information

Name (First, Middle Initial, Last, Suffix)		Date of Birth (mm/dd/yyyy)		Social Security Number	
Physical Address		Street	City	State	ZIP Code
Mailing Address (if different)		Street or PO Box	City	State	ZIP Code
Home Phone (with area code)		Cell Phone (with area code)		Work Phone (with area code)	
Driver's License # OR Gov't Issued ID #		State/Country of Issue	Expiration Date	Mother's Maiden Name or Security Word	
Email Address		Employer		Occupation	
Citizenship (Additional Documentation Required for any non-US Citizen - Please contact us for details)					
<input type="checkbox"/> US Citizen <input type="checkbox"/> US Resident Alien <input type="checkbox"/> Nonresident Alien - _____ Country of Citizenship					

TIN Certification/Backup Withholding

Under penalty of perjury I certify that:

- The number shown on this form is my correct Taxpayer Identification Number (TIN);
- I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding;
- I am a US Citizen or a US Resident Alien (If you are a Nonresident Alien, please complete and return form W-8BEN with any required documents.)

Certification Instructions: 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.

Mobile/Phone Banking

PAL™ (Automated Phone Banking) and Mobile and Online Banking are services offered through UECU. Enrolling in these services allows you to access your UECU account and perform transactions 24/7. Enrolling in Mobile and Online Banking allows you access to view electronic statements and tax forms. If there is an owner of the account under the age of 13, an owner aged 18 or older must sign a consent form in order to access Mobile and Online Banking.

Other Services

I am interested in the following products:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Visa® Credit Card | <input type="checkbox"/> Vehicle Loan | <input type="checkbox"/> Student Loan |
| <input type="checkbox"/> Personal Loan | <input type="checkbox"/> Home Loan/Mortgage | |
| <input type="checkbox"/> IRA/Investment | <input type="checkbox"/> Other _____ | |

Checking Account

Please visit uecu.org/checking to learn more about your account options and Kasasa Rewards™.

You must be at least 18 years of age for an individual account. If you are 13-17 years of age, a joint owner, 18 years or older is required.

- | | | |
|---|-----|--|
| <input type="checkbox"/> Kasasa Cash® Checking Account | AND | <input type="checkbox"/> Kasasa Saver® Account |
| <input type="checkbox"/> Kasasa Cash Back® Checking Account | AND | <input type="checkbox"/> Kasasa Saver® Account |
| <input type="checkbox"/> CHECKS - Yes, please order checks for me (1st set is free of charge!) | | |
| <input type="checkbox"/> Overdraft Protection - Please set up to my Share Savings Account (Additional Overdraft options are available, contact us for more information) | | |
| <input type="checkbox"/> Debit Card (Primary) <input type="checkbox"/> Debit Card (Joint Owner if applicable) | | |

*Required sections

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DS.MEM.0101-7/1/2024

Joint Owner Information

Please indicate membership eligibility: I am the _____ of the Primary Member OR _____
(Family Relationship) (Other Eligibility)

Name (First, Middle Initial, Last, Suffix)		Date of Birth (mm/dd/yyyy)		Social Security Number	
Physical Address		Street	City	State	ZIP Code
Mailing Address (if different)		Street or PO Box	City	State	ZIP Code
Home Phone (with area code)		Cell Phone (with area code)		Work Phone (with area code)	
Driver's License # OR Gov't Issued ID #		State/Country of Issue		Expiration Date	Mother's Maiden Name or Security Word
Email Address		Employer		Occupation	
Citizenship (Additional Documentation Required for any non-US Citizen - Please contact us for details) <input type="checkbox"/> US Citizen <input type="checkbox"/> US Resident Alien <input type="checkbox"/> Nonresident Alien - _____ Country of Citizenship					

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Driver's License # OR Gov't Issued ID #		State/Country of Issue		Expiration Date	Mother's Maiden Name or Security Word
Email Address		Employer		Occupation	
Citizenship (Additional Documentation Required for any non-US Citizen - Please contact us for details) <input type="checkbox"/> US Citizen <input type="checkbox"/> US Resident Alien <input type="checkbox"/> Nonresident Alien - _____ Country of Citizenship					

*Agreement and Signature

I/We agree to maintain a membership share of \$5.00 pursuant to Utilities Employees Credit Union's (UECU) Membership Agreement. I/We certify the information provided is true and correct and authorize UECU to check my/our account, credit, employment history, and to obtain consumer reports from third parties, including credit bureau reports, in order to determine my/our eligibility for Credit Union accounts and services. I/we understand that UECU may rely on information in this application and in consumer and credit bureau reports to make its decision. By signing this application, I/we agree to the conditions stated in the Account Agreement and Disclosures, Rate and Fee Schedules, and Credit Union Bylaws and Policies, and any amendments to these documents made from time to time which collectively govern my/our membership and accounts. **Note:** The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

If applicant is under 18 years of age, parent/sponsor must sign child's name followed by parent's/sponsor's initials

Primary Owner Signature	Date
Joint Owner Signature	Date
Joint Owner Signature	Date

Savings Account Trust - Beneficiary Payee Designation(s)

☐ I/We are requesting a form be delivered by mail to add a beneficiary designation to my/our new UECU account.

Return completed form to UECU, P.O. Box 14864, Reading, PA 19612-4864