



# ACCOUNT APPLICATION • MEMBERSHIP • CHECKING

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 (650) 508-0619 fax providentcu.org

Membership:  New\*  Current: \_\_\_\_\_ Update: \_\_\_\_\_  Name  Address  Add Joint Owner  
Member Number (Optional) Acct. Sfx. or check here  if associated with all suffixes for this membership.

## PRIMARY OWNER

US Citizen  Permanent Resident  Non-Resident Alien<sup>3</sup> \_\_\_\_\_  
Promo Code

↑ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security/Tax Identification Number \_\_\_\_\_ I.D./Driver License Number \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Eligibility (Name of community, association, employer, or family member) \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long (Yrs/Mos) \_\_\_\_\_

Previous Address (If less than 2 yrs at current) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long (Yrs/Mos) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address (Super Reward & Youth Checking requirement) \_\_\_\_\_ Beneficiary(ies) (if no joint owner, or upon death of both owners) \_\_\_\_\_

Employer (or previous employer if retired or not employed) \_\_\_\_\_ Job Title (or minor, disabled, etc. if not employed) \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gross Annual Income \_\_\_\_\_

Retired  Unemployed  Rent  Own  Live w/Relative \_\_\_\_\_  
Rent/Mortgage Per Month

## JOINT OWNER

US Citizen  Permanent Resident  Non-Resident Alien<sup>3</sup> \_\_\_\_\_

↑ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security/Tax Identification Number \_\_\_\_\_ I.D./Driver License Number \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long (Yrs/Mos) \_\_\_\_\_

Previous Address (If less than 2 yrs at current) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long (Yrs/Mos) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Employer (or previous employer if retired or not employed) \_\_\_\_\_ Job Title (or minor, disabled, etc. if not employed) \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gross Annual Income \_\_\_\_\_

Retired  Unemployed  Rent  Own  Live w/Relative \_\_\_\_\_  
Rent/Mortgage Per Month

## SIGNATURES (Include a copy of the driver license or I.D. for all signers.)

By signing below, I certify, in accordance with IRS W-9 instructions under penalties of perjury, (1) that the Social Security Number/Taxpayer Identification Number on this application is correct, and (2) that I am not, unless designated below, subject to back-up withholding. Unless designated below, I affirm that I have not been notified that I am subject to back-up withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to back-up withholding.  I am subject to back-up withholding. (3) I am a U.S. citizen or U.S. resident alien unless I have checked the box on this form regarding my background that I am a non-resident alien and have or will complete a W-8 BEN to certify foreign status. Note: the IRS does not require your consent to any provisions of this document other than the certifications required to avoid back-up withholding.

By signing below, I/we acknowledge receipt of Provident's Master Disclosure and Service Charge Schedule or acknowledge copies will be mailed to me/us and agree to their terms and conditions. This authorizes Provident to do an independent credit review, including the verification of my employment history, and obtaining credit reports now and in the future. Provident will also review all signers through ChexSystems. Provident has the right to furnish other credit reporting services with information about my credit.

\*\* Faxed documents/signatures are considered as legally binding as original documents/signatures and shall be sufficient unless originals are required by a third party.

X \_\_\_\_\_ X \_\_\_\_\_  
Primary Owner Signature Date Joint Owner Signature Date

\* New memberships require a minimum of \$15: \$5 initial deposit (minimum balance to maintain membership) into your Membership Savings account plus the \$10 enrollment fee. Checking accounts require a minimum \$25 initial deposit into the checking account. Mail to the address above (ATTN: Account Services), fax\*\* to (650) 508-0619, or drop off at any branch.

Pursuant to the USA Patriot Act (Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism), 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.

## ACCOUNT(S) TO OPEN:

- Membership Savings\*
- Checking Account:
  - Super Reward Checking
  - Simply Free Checking
  - Provident Checking
  - Youth Checking (Ages 13-17)

## Checking Options:

- Free Visa Debit Card
  - You  Joint Owner
- Checks
  - Yes  No
  - In addition to my name, print checks with:
    - Phone Number
    - Joint Owner Name
- e-Documents
  - Includes statements and notices. Required for Super Reward and Youth Checking. To enroll, click on the e-Documents tab within [online banking](#).
- No Fee\*\*\* Overdraft Protection
  - Yes  No

\*\*\* Except Simply Free Checking. See Service Charge [Schedule](#).

If "yes" place a number next to the account (if applicable) to indicate the order you prefer to have the funds drawn:

- \_\_\_\_ Membership Savings
- \_\_\_\_ Provident Visa
- \_\_\_\_ VIP Line of Credit
- \_\_\_\_ Other Checking (Suffix): \_\_\_\_\_

## Courtesy Pay

If you exhaust your Overdraft Protection funds or are not enrolled, Courtesy Pay will be automatically applied to your account for check, electronic payments, and recurring debit card transactions. At your request, ATM and one-time debit card transactions also will be covered.  Yes. Cover all transactions. There is a fee associated with each item covered. Overdraft limits apply based on type of checking account. Please refer to the Courtesy Pay Overdraft [Policy](#) and Service Charge [Schedule](#) for details.

## FUND ACCOUNT(S):

\$ \_\_\_\_\_  
Amt. to Membership Savings (min. \$15)\*  
\$ \_\_\_\_\_  
Amount to Checking (minimum \$25)

- Check enclosed
- Automatic Transfer form enclosed
- Direct Deposit form enclosed
- From my Provident account:  
\_\_\_\_\_  
Account Number

## ESTIMATED MONTHLY TRANSACTIONS:

- Cash \$ \_\_\_\_\_
- ACH \$ \_\_\_\_\_  
Electronic Payment Country
- Wires \$ \_\_\_\_\_  
Country
- Chks. \$ \_\_\_\_\_  
Negotiable Instruments
- None of the Above