



# SAVINGS APPLICATION

MEMBERSHIP • SECONDARY SAVINGS  
MONEY MARKET • TERM CERTIFICATE

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

## 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

Mail to the address above (ATTN: Account Services), fax\*\* to (650) 508-0619, or drop off at any Provident 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.

## MEMBERSHIP STATUS:

New Member\*  
 Current Member:  
Member Number \_\_\_\_\_

## ACCOUNT(S) TO OPEN:

Membership Savings  
Required for new members. Must keep a minimum \$5 balance to maintain membership.

Secondary Savings

Money Market Savings  
 Regular  Premier

Term Share Certificate  
Available in certain combinations of account type, term, and amount. See [rate sheet](#) for details.  
Term: \_\_\_\_\_ months  
 Regular  Add-On  
 Liquid  Bump-up  
 Youth  Deferred Dividend

I want this account to be a Traditional IRA, Roth IRA, Educational Savings Account (ESA), or Health Savings Account (HSA). I have included the additional required forms.  
Forms available online at [providentcu.org](#) or at a Provident branch.

## FUND ACCOUNT(S):

\* If you are a new member, \$15 will be deducted from the funding amount for your \$5 initial deposit (minimum balance) into your Membership Savings account and the \$10 enrollment fee.

\$ \_\_\_\_\_  
Funding amount

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