



**MEMBERSHIP APPLICATION**

3213 W 19th Ave, Kennewick WA 99337  
509-735-8331 www.Tri-CU.com

Member Number: \_\_\_\_\_

Account Password: \_\_\_\_\_

There is an initial \$5 savings (share) deposit required for life of account.

Check:  live  work  worship  attend school in Benton or Franklin County, Washington.

**Thank you for joining! What brought you?**

- Referred by family  Referred by friend  Convenient Location  Good Loan Rates  Free Checking/Bill Pay
- Tired of my "big bank"  Already a member  Other: \_\_\_\_\_

**Ownership Information**

Member: \_\_\_\_\_ SSN: \_\_\_\_\_ Drivers License # \_\_\_\_\_  
 Birthday: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Phone#: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_

Joint Owner: \_\_\_\_\_ SSN: \_\_\_\_\_ Drivers License # \_\_\_\_\_  
 Birthday: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Phone#: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_

Joint Owner: \_\_\_\_\_ SSN: \_\_\_\_\_ Drivers License # \_\_\_\_\_  
 Birthday: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Phone#: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_

**Account Designations (POD)**

All Accounts  Specific \_\_\_\_\_  Joint Owner has rights of survivorship

Beneficiary: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 CSZ: \_\_\_\_\_  
 SSN/TIN: \_\_\_\_\_

**Accounts and Services Requested**

The terms, conditions and account selection information on this card apply to all the accounts listed below, unless the credit union is notified in writing of a change.

- Checking  Visa Debit Card  OPT-IN Protect  24-Hour Teller  Home-banking
- Bill-Pay  Personal Credit Line  Credit Card  Auto Refinance  Business Account
- eStatements / eNotices  Other: \_\_\_\_\_
- I anticipate regular or frequent use of International Wires  I anticipate regular or frequent use of Cashier Checks

**AUTHORIZATION:**

**I must be signed in the presence of a Tri-CU employee or notarized.** Two forms of photo identification must be presented or a copy supplied. By signing below, you authorize Tri-CU to provide information about your account(s) to any person or entity when required by law, you agree to the terms and conditions in the "Important Account Information for Our Members" brochure and those related to all other selected services which you acknowledge receiving and to any amendment this credit union makes from time to time, which are contained and incorporated within. By signing below, you also authorize Tri-CU to retrieve your credit report and score as needed, which may be used to pre-qualify you for loans or to establish your initial or continued eligibility for certain products and services.

**NOTICE:**

We reserve the right to waive the disposing of an account by an existing or future will, with joint owner survivorship or for which Payable on Death (POD) beneficiaries have been named.

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION:** (Cross out those which do not apply)

Under penalties of perjury I state that the TIN number shown on this form is my correct taxpayer identification number. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failing to report all interest or dividends, or (c) the IRS has informed me that I am not subject to backup withholding and I am a U.S. person (including a U.S. resident alien).

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

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