



A ACCOUNT INFORMATION

Establish new account

Credit Union account number (FOR CREDIT UNION USE ONLY)

To comply with the USA Patriot Act, Federal law requires us to obtain, verify, and record information that identifies each member applying for and opening new accounts or services with our credit union.

B ACCOUNT REQUEST Please check box(es).

Joint Account(s) with minor and parent/guardian

Products and services are subject to credit approval.

Savings

ATM card

Checking

(ages 11-17 only)

Visa debit card

(ages 11-17 only)

Visa credit card (ages 11-17 only)

Please fill out and review sections C through H.

Loan (ages 11-17 only)

Please fill out and review sections C through H.

Yes, I would like to select my own PIN for my ATM or Visa debit card.

C LOAN REQUEST WITH JOINT CREDIT All loans approved will be joint credit.

AMOUNT REQUESTED

PURPOSE (FOR LOANS ONLY)

TERM (FOR LOANS ONLY)

I WANT TO MAKE MY LOAN PAYMENTS BY:

Direct deposit*

Payroll deduction*

Visa AutoPay*

AutoPay deducts Visa credit card payments around the 5th or 25th of each month. You can pay the minimum due, the entire balance, or a set amount.

Coupon

Transfer from*

Billing

Applies only to Visa credit card.

*If you've selected this payment method, you'll receive an additional form(s) to complete.

D MINOR Please be sure to fill in all highlighted sections. They contain information required to process your application.

NAME (FIRST, MIDDLE, LAST)

ACCOUNT NUMBER

HOME PHONE

()

CURRENT STREET ADDRESS

CITY

STATE

ZIP

DRIVER'S LICENSE OR STATE ID NUMBER (IF NONE, LEAVE BLANK.)

BIRTH DATE

SOCIAL SECURITY NUMBER

GROSS MONTHLY SALARY

MOTHER'S MAIDEN NAME

E-MAIL ADDRESS FOR E-STATEMENT NOTIFICATIONS

EMPLOYER

POSITION

WORK PHONE

HIRE DATE

()

U.S. CITIZEN /
RESIDENT ALIEN:

yes

no

ELIGIBILITY FOR MEMBERSHIP:

Related to _____

SECUWA ACCOUNT NUMBER, IF KNOWN

E PARENT / GUARDIAN Please be sure to fill in all highlighted sections. They contain information required to process your application.

NAME (FIRST, MIDDLE, LAST)

ACCOUNT NUMBER

SOCIAL SECURITY NUMBER

HOME PHONE

()

F TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING INFORMATION

By signing this application, I certify under penalties of perjury, that the Social Security Number (SSN)/taxpayer identification number (TIN) shown in the Applicant section is my/the correct identification number and I am NOT, unless designated below, subject to backup withholding because (i) I am exempt from backup withholding, (ii) I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or (iii) because the IRS has notified me that I am no longer subject to backup withholding. (Check if applicable).

I am subject to backup withholding

I am NOT a United States citizen or resident alien (complete W-8 form)

☆☆ \$5 to open a SAVINGS account ☆☆☆☆ \$50 to open a CHECKING account ☆☆☆

Please note: All applicants must sign the reverse side of this document.



AGREEMENT AND SIGNATURES

By signing, you certify that the information you have given the Credit Union in this MasterApp is complete, true, and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this MasterApp for the purpose of offering accounts and services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and financial performance; (c) that the Credit Union may request updated financial information from time to time and may record such information in your file and rely on such information without your signature for subsequent loan or service requests as part of this MasterApp; and (d) that by providing an e-mail address on this application, you authorize the Credit Union to deliver monthly/quarterly statements electronically.

By signing below, you agree to the terms of the following agreements applicable to the accounts, services, and loans you have requested, which are incorporated herein. The applicable agreements and disclosures will be provided to you separately from this MasterApp. You authorize us to open any accounts, services, or loans in the future upon your verbal, written, or electronic request.

- Membership and Account Agreement. You agree to comply with the membership requirements of the Bylaws, the Terms and Conditions for Depositors, Truth in Savings Rate & Fee Schedule, Funds Availability Policy Disclosure, and any amendments.
- Electronic Funds Transfer Agreement. If any Electronic Funds Transfer (EFT) service is requested and provided, you agree to the terms of the Electronic Funds Transfer Agreement.
- Consumer Loan Agreement. You acknowledge that you received a copy of the contract terms at the time of this application and that you have read those terms and that you agree to them. The contract terms will apply to both open-end and closed-end loans. You understand that future loan advances may be made under the agreement and you agree to the terms of any loan advance voucher or loan proceeds check given with an advance that collectively shall govern your account. You agree that all collateral securing your loan account will secure all your other obligations with the Credit Union (except those secured by real property or dwelling). This includes past and future obligations for credit cards, overdraft liabilities, deposit accounts, and EFT services.
- Credit Card Agreement. If a Credit Card Account is requested above and provided, you agree to the terms of the Credit Card Agreement that governs your account. You grant us a security interest in all your deposit accounts to secure your Credit Card Account.



CREDIT CARD DISCLOSURES

CREDIT CARD

Annual fee: None

Annual Percentage Rate (APR) for purchases, cash advances, and balance transfers:

9.90% for Choices Visa®

Default APR: 9.90% (9.65% with AutoPay)

Cash advance APR: 9.65% - 9.90%

Method of computing balance for purchases: Average daily method (including new purchases)

Cash advance fee: None

Grace period: 25 days when paid in full by next statement date

Late fee: \$15

Over limit fee: \$10

Fee for purchases: None

Balance transfer fee: None



The Internal Revenue Service does not require your consent to any provision of this MasterApp other than the certifications required to avoid backup withholding.

I understand the Credit Union offers a range of rates for each loan type, based in part on my credit qualifications. I am applying for the rate for which I qualify. Signature by two persons below indicates their intent to apply for joint credit unless otherwise indicated.



APPLICANT(S) MUST SIGN HERE

MINOR SIGNATURE	DATE	PARENT / GUARDIAN SIGNATURE	DATE

COMMENTS



OFFICE USE ONLY

_____/ ID verification	Type of ID _____	_____/ ID verification	Type of ID _____
ACCOUNT APPROVED BY _____			DATE _____

Serving school employees and their families since 1936.

SCHOOL CREDIT UNION
EMPLOYEES OF WASHINGTON

Application for accounts, services, and loans
Exclusively for current members' relatives
ages 17 and younger

ALL-SERVICES MASTERAPP
YOUTH

