

Deposit Account Contract • Part 1



www.wcfcuhawaii.org
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Main: 6699 Mokapu Rd.
Kailua, HI 96734
Kailua: 116A Hekili St.
Kailua, HI 96734
Kaneohe:
45-480 Kaneohe Bay Dr.
#1AE2, Kaneohe, HI 96744

ACCOUNT OWNER INFORMATION										1
Owner 1		ADR				C		S	Z	
Phone(s) H	W	MADR				C		S	Z	
E-Mail		TIN	DOB		CID	ID				
Employer		ADR								
ACCOUNT(S)										2
CERTIFICATE ACCOUNT ANNUAL PERCENTAGE YIELD (APY), RATE & TERMS (As Applicable)										3
Term	Amount	Source of \$	Rate	Annual Percentage Yield	Maturity Date					
Dividends To:	Remain in Acc.	Deposit to Acc.	On Maturity:	Renew for Term & Prevailing Rate	Deposit to Acc.					
SERVICE(S)										4
ATM Card	No Check Card	Homebanking	Windy Phone	Opt-Out Privacy						
MULTIPLE ACCOUNT OWNER(S) INFORMATION										5
Owner 2		ADR				C		S	Z	
Phone(s) H	W	TIN	DOB		CID	EM				
Employer		ADR				ID				
Owner 3		ADR				C		S	Z	
Phone(s) H	W	TIN	DOB		CID	EM				
Employer		ADR				ID				
Owner 4		ADR				C		S	Z	
Phone(s) H	W	TIN	DOB		CID	EM				
Employer		ADR				ID				
AGENT DESIGNATION(S)										6
Agent 1		ADR				C		S	Z	
Phone(s) H	W	TIN	DOB		CID	ID				
Agent 2		ADR				C		S	Z	
Phone(s) H	W	TIN	DOB		CID	ID				
BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (Name and Relationship)										7
1	Rel.	2	Rel.	3	Rel.					
4	Rel.	5	Rel.	6	Rel.					
TAX INFORMATION CERTIFICATION: <i>By signing below, I certify under penalties of perjury that: (i) I am US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup 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 backup withholding. I am subject to backup withholding Exempt I am not a United States citizen or resident (complete W-8 form)</i>										8
ACKNOWLEDGEMENT: Owner 1 is (or represents) a member, or applies for membership pursuant to Windward Community Federal Credit Union's (referred to as "we", "us" and "our") bylaws, policies and this Contract. All owners and agents (referred to as "you" and "your") request to open the account(s) selected in Part 1 (this form), and acknowledge receiving a copy of Parts 1 & 2 of this Contract, which includes the Electronic Fund Transfer disclosures, Funds Availability disclosures, Privacy Policy and Rate and Fee disclosures. Part 2 of this Contract has been e-mailed to Owner 1 if an address was provided. You promise that the information provided in Part 1 is accurate, and that Part 1 has been completed according to your instructions, as confirmed by your signature(s) below or by using an account or service. You agree we may obtain and use credit and account reports to verify your eligibility for accounts and services we may offer. You understand this Contract governs all your accounts with us, and all transactions on, changes to, closure of and services for all your accounts. You authorize us to rely exclusively on this Contract, and agree we have no obligation to rely on any other documents. You agree we may change this Contract from time to time, and that such changes will be binding on you. You understand you may obtain additional copies of this Contract from us during business hours (and Part 2 from our website at any time), and that you may change or close an account, or change, add or terminate services or membership, at any time pursuant to this Contract. By signing below, or by using an account or service, you agree to this Contract (Parts 1 & 2). <i>The IRS does not require your consent to any provision of this Contract other than the certification required to avoid backup withholding (in Section 8 above).</i>										9
Owner 1 Signature <input type="checkbox"/>			Owner 2 Signature <input type="checkbox"/>			Agent 1 Signature <input type="checkbox"/>				
Owner 3 Signature <input type="checkbox"/>			Owner 4 Signature <input type="checkbox"/>			Agent 2 Signature <input type="checkbox"/>				
I agree to be removed as an owner from the account(s) _____										
State of _____ in the county of _____ Notary _____										
This Contract was signed before me on _____ Commission Expires _____										
by _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Name of Account Owner(s)										
N	I	Credit/Account Verification	Page 2	Reviewed	Date					
Original	Closed	Revised								