

Deposit Account Contract • Part 1



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Kaneohe: 45-480 Kaneohe Bay Dr. #1AE2, Kaneohe, HI 96744

OFFICE USE ONLY

Number(s) _____

ACCOUNT OWNER INFORMATION (You, the first named owner of the account(s)) 1
Mother's Maiden Name/Password _____

Owner 1 Name _____ Address _____ City _____ State _____ ZIP _____
Home Phone _____ Work Phone _____ Mailing Address (if different from physical address) _____ City _____ State _____ ZIP _____
E-mail _____ Social Security Number _____ Date of Birth _____ Driver's License - State, Number, Issuance & Exp. Date _____
Employer _____ Employer Address _____ City _____ State _____ ZIP _____

ACCOUNT(S) that you request: Savings Checking 2

SERVICE(S) that you request: ATM/Debit Card Home Banking Windy Phone Opt-Out Privacy 3

MULTIPLE ACCOUNT OWNER(S) INFORMATION (Additional owner(s) of the account(s)) 4

Owner 2 Name _____ Address _____ City _____ State _____ ZIP _____
Home Phone _____ Work Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____
Driver's License - State, Number, Issuance & Exp. Date _____ Employer _____ Employer Phone _____ Mother's Maiden Name/Password _____

Owner 3 Name _____ Address _____ City _____ State _____ ZIP _____
Home Phone _____ Work Phone _____ Social Security Number _____ Date of Birth _____ Email Address _____
Driver's License - State, Number, Issuance & Exp. Date _____ Employer _____ Employer Phone _____ Mother's Maiden Name/Password _____

Owner 4 Name _____ Address _____ City _____ State _____ ZIP _____
Home Phone _____ Work Phone _____ Social Security Number _____ Date of Birth _____ Email Address _____
Driver's License - State, Number, Issuance & Exp. Date _____ Employer _____ Employer Phone _____ Mother's Maiden Name/Password _____

BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People to receive the funds held in the account(s) on the death of the final account owner) 5

Beneficiary/POD Payee **1** Name _____ Relationship _____ Beneficiary/POD Payee **2** Name _____ Relationship _____ Beneficiary/POD Payee **3** Name _____ Relationship _____
Beneficiary/POD Payee **4** Name _____ Relationship _____ Beneficiary/POD Payee **5** Name _____ Relationship _____ Beneficiary/POD Payee **6** Name _____ Relationship _____

TAX INFORMATION CERTIFICATION: *By signing below, I certify under penalties of perjury that: (i) I am a 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)

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 (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, and may be accessed from our website at any time. 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 add, change or close an account, or change, add or terminate services or membership, at any time pursuant to this Contract. To assure consent to and the accuracy of this Contract, you agree that we may require this Part 1 to be notarized or re-completed and re-signed. By signing below, or by using an account or service, you agree to this Contract (Parts 1 & 2). *The IRS does not require your consent to any provision of this Contract other than the certification required to avoid backup withholding (in Section 6 above).*

All signatures must be notarized if not signed in front of a credit union employee.

Owner 1 Signature _____ Owner 2 Signature _____ Owner 3 Signature _____ Owner 4 Signature _____

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 _____

Name(s) of Account Owner(s) _____

OFFICE USE ONLY

CU Employee Name _____ ID Number _____ Date _____ Credit/Account Verification Reviewed 8