

Student Deposit Account Contract • Part 1



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Saginaw MI 48605
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PH: 989-249-8201 • FX: 989-497-1707 • TF: 800-227-2328

OFFICE USE ONLY	Number(s) _____	Owner 1 Name _____
	_____	_____

Welcome to Wildfire Credit Union!

Thank you and welcome to our family. We are happy you chose Wildfire Credit Union for your financial needs, and hope you will enjoy many of the services your membership provides. We invite you to stop by our offices, visit us at our website at www.wildfirecu.org or contact our Call Center, at 989-249-8201 or toll-free at 800-227-2328. We also encourage you to check out all the deposit and loan services we offer, and think of us first when your next financial need arises.

ACCOUNT OWNER INFORMATION (You, the first named owner of the account(s) who can open, change, add and close the account(s)) 1

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

ACCOUNT(S) Savings Checking 2

SERVICE(S) E-Statement Debit Card ATM Card 3

MULTIPLE ACCOUNT OWNER(S) INFORMATION (Additional owner(s) of the account(s) who can open, change, add and close the account(s)) 4

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

Owner 3 Name _____	Address _____	City _____	State _____	ZIP _____
Home Phone _____	Cell Phone _____	Social Security Number _____	Date of Birth _____	E-mail Address _____
Driver's License - State, Number & Exp. Date _____	Employer _____	Employer Phone _____		

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 a member, or applies for membership pursuant to Wildfire 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 a savings account on this Part 1 account form, and acknowledge receiving a copy of Part 2 of this Contract, which includes the Privacy Policy and Rate and Fee disclosures. You promise 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), use of an account or service, or receipt or availability of a statement. You understand an owner may conduct transactions and initiate, open, change, add, close or terminate accounts and services, as explained in Part 2 of this Contract. 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 are binding on you. You understand you may obtain a copy of this Contract from us during business hours (and Part 2 from our website at any time), and may initiate, change, add, close or terminate an account, service or membership at any time according to this Contract. To assure consent to and the legibility and accuracy of this Part 1 account form, you agree that we may require this Part 1 to be notarized or re-completed and re-signed. By signing below, using an account or service, or receipt or availability of a statement, 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 3 above).

Owner 1 Signature _____	Owner 2 Signature _____	Owner 3 Signature _____
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OFFICE USE ONLY	CU Employee Name _____	ID Number _____	Date _____	Membership Officer _____	<input type="checkbox"/> Credit/Account Verification
	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> C _____				<input type="checkbox"/> Reviewed