

Join the Credit Union Today!

Becoming a member of Tri-Cities Community Federal Credit Union is easy! The entire Tri-Cities community (Benton or Franklin County) is eligible, just give us a few pieces of information and we'll assist you with opening your accounts.

If you are interested in a loan, talk to our friendly loan officers or fill out a loan application today!

Your Family ~ Your Goals ~ Our Service
We Belong to You!

2626 W. Kennewick Avenue

Lobby:

Monday-Friday: 9 am to 6 pm

Drive-Thru:

Monday-Thursday: 9 am to 6 pm

Friday: 9 am to 7 pm

Saturday: 9 am to noon

Important Phone Numbers

General Information: 735-8331

Toll Free: 1-800-873-3354

24-Hour Teller: 783-1900

Fax: 783-6166

Member Application

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

We
Belong
To You



2626 W. Kennewick Ave, Kennewick WA 99336
 (509) 735-8331 www.tri-citiescu.com



Equal Opportunity Lender

Your savings federally insured to \$100,000

NCUA

National Credit Union Administration, a U. S. Government Agency



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_____ Chexsystems Verification Conducted

_____ OFAC Verification Conducted
 (Include documentation if any potential matches).

_____ Debit Card Ordered & Activated in CNS

_____ Debit Card entered into Visual Reliance

_____ Overdraft Transfers Set Up

_____ All Other Requested Services Activated

_____ Due Diligence on Business Accounts

Moderate or High Risk Account
 (Deliver copy to BSA officer for review.)

(Date Completed)

Office Use Only

I Want to Join Tri-Cities Community Federal Credit Union!

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.

STEP 1

Tell Us About Yourself

First Name			MI	Last Name		
Mailing Address						
Street Address (if different)						
City, State, ZIP						
Social Security Number/TIN			Date of Birth			
Home Phone			Work Phone			
Drivers License						
Place of Employment						
E-mail Address						
Signature					Date	

STEP 2

Tell Us About Your Joint Member

First Name			MI	Last Name		
Mailing Address						
Street Address (if different)						
City, State, ZIP						
Social Security Number/TIN			Date of Birth			
Home Phone			Work Phone			
Drivers License						
Place of Employment						
E-mail Address						
Signature					Date	

STEP 3

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

What Services Would You Like?

Check all that you are applying for:

<input type="checkbox"/> Checking (Draft)	
<input type="checkbox"/> VISA Debit Card	
<input type="checkbox"/> Courtesy Pay	
<input type="checkbox"/> 24-Hour Teller	
<input type="checkbox"/> Homebanking	
<input type="checkbox"/> Free Bill-Pay	
<input type="checkbox"/> Share Certificate	
<input type="checkbox"/> Money Market	
<input type="checkbox"/> Payroll Deduct	
<input type="checkbox"/> Direct Deposit	
<input type="checkbox"/> Business Acct.	
	Complete BDD form
	Office Use Only

I anticipate regular or frequent use of international wires or cashiers checks.

Account Password: _____
(mothers maiden name?)

Account Designations (POD)

All Accounts Specific _____
 joint account has rights of survivorship

Beneficiary (Payable on Death Payee or Agency)		SSN/TIN
Address		
Beneficiary (Payable on Death Payee or Agency)		SSN/TIN
Address		

Must be signed in the presence of a TCFCU employee or notarized. Two forms of photo identification must be presented or a copy supplied. By signing above, you authorize TCFCU 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.

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).