



Savings Application

MEMBERSHIP • SECONDARY SAVINGS
MONEY MARKET • TERM CERTIFICATE

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 (650) 508-0619 fax providentcu.org

PRIMARY OWNER

US Citizen Permanent Resident Non-Resident Alien³

Promo Code _____

↑ Last Name _____ Suffix _____ First Name _____ M.I. _____ Birth Date _____

Social Security/Tax Identification Number _____ I.D./Driver License Number _____ State _____ Issue Date _____ Expiration Date _____

Mother's Maiden Name _____ Eligibility (Name of community, association, employer, or family member) _____

Current Address _____ City _____ State _____ Zip _____ How Long (Yrs/Mos) _____

Previous Address (If less than 2 yrs at current) _____ City _____ State _____ Zip _____ How Long (Yrs/Mos) _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address (Super Reward & Youth Checking requirement) _____ Beneficiary(ies) (if no joint owner, or upon death of both owners) _____

Employer (or previous employer if retired or not employed) _____ Job Title (or minor, disabled, etc. if not employed) _____

Employer Address _____ City _____ State _____ Zip _____ Gross Annual Income _____

Retired Unemployed Rent Own Live w/Relative _____ Rent/Mortgage Per Month _____

MEMBERSHIP STATUS:

New Member*

Current Member:

Member Number _____

ACCOUNT(S) TO OPEN:

Membership Savings
Required for new members. Must keep a minimum \$5 balance to maintain membership.

Secondary Savings

Money Market Savings
 Regular Premier
 High-Yield

Term Share Certificate
Available in certain combinations of account type, term, and amount. See [rate sheet](#) for details.
Term: _____ months
 Regular Add-On
 Liquid Bump-up
 Youth Deferred Dividend

JOINT OWNER

US Citizen Permanent Resident Non-Resident Alien³

↑ Last Name _____ Suffix _____ First Name _____ M.I. _____ Birth Date _____

Social Security/Tax Identification Number _____ I.D./Driver License Number _____ State _____ Issue Date _____ Expiration Date _____

Current Address _____ City _____ State _____ Zip _____ How Long (Yrs/Mos) _____

Previous Address (If less than 2 yrs at current) _____ City _____ State _____ Zip _____ How Long (Yrs/Mos) _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____ Mother's Maiden Name _____

Employer (or previous employer if retired or not employed) _____ Job Title (or minor, disabled, etc. if not employed) _____

Employer Address _____ City _____ State _____ Zip _____ Gross Annual Income _____

Retired Unemployed Rent Own Live w/Relative _____ Rent/Mortgage Per Month _____

I want this account to be a Traditional IRA, Roth IRA, Educational Savings Account (ESA), or Health Savings Account (HSA). I have included the additional required [forms](#).

Forms available online at [providentcu.org](#) or at a Provident [branch](#).

FUND ACCOUNT(S):

* If you are a new member, \$5 will be deducted from the funding amount for your \$5 initial deposit (minimum balance) into your Membership Savings account.

\$ _____ Funding amount

Check enclosed

[Automatic Transfer form](#) enclosed

[Direct Deposit form](#) enclosed

From my Provident account:

Account Number _____

SIGNATURES (Include a copy of the driver license or I.D. for all signers.)

By signing below, I certify, in accordance with IRS W-9 instructions under penalties of perjury, (1) that the Social Security Number/Taxpayer Identification Number on this application is correct, and (2) that I am not, unless designated below, subject to back-up withholding. Unless designated below, I affirm that I have not been notified that I am subject to back-up 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 back-up withholding. I am subject to back-up withholding. (3) I am a U.S. citizen or U.S. resident alien unless I have checked the box on this form regarding my background that I am a non-resident alien and have or will complete a W-8 BEN to certify foreign status.

Note: the IRS does not require your consent to any provisions of this document other than the certifications required to avoid back-up withholding.

Credit Union Use Only:

Member Number _____

SC CS ID EV _____

Approved By _____

By signing below, I/we acknowledge receipt of Provident's Master Disclosure and Service Charge Schedule or acknowledge copies will be mailed to me/us and agree to their terms and conditions. This authorizes Provident to do an independent credit review, including the verification of my employment history, and obtaining credit reports now and in the future. Provident will also review all signers through ChexSystems. Provident has the right to furnish other credit reporting services with information about my credit.

** Faxed documents/signatures are considered as legally binding as original documents/signatures and shall be sufficient unless originals are required by a third party.

Mail to the address above (ATTN: Account Services), fax** to (650) 508-0619, or drop off at any Provident [branch](#).

X _____ X _____
Primary Owner Signature Date Joint Owner Signature Date

ESTIMATED MONTHLY TRANSACTIONS:

Cash \$ _____

ACH \$ _____
Electronic Payment Country _____

Wires \$ _____
Country _____

Chks. \$ _____
Negotiable Instruments

None of the Above

Pursuant to the USA Patriot Act (Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism). Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.