

## YOUTH ACCOUNT APPLICATION

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

New memberships require a m	ninimum \$5 initial dep	osit in a Memb	ership	UPDATE M	Y ACCOUNT:	ACCOUNT(S) TO OPEN:
Savings account).  • Youth checking accounts requ	iire a minimum \$25 ir	nitial deposit an	d	_ ~	e Joint Owner	☐ Youth Membership Savings
require receiving e-Document			′		ss Change Change	Account Options:
<ul> <li>Fund the account(s) by transferr include a check (payable to Pro</li> </ul>				or a direct	deposit form.	<ul> <li>Free Visa Debit Card</li> </ul>
Mail to the address above (atternation)						Youth Joint Owner
Provident community branch.						Ages 10+
Primary Owner (Youth Under I8) Promo Code (if applicable		nlicable)	e) Member Number (existing members)		(avieting members)	☐ Youth Add-On Certificate
ı	I	эпсаыс)	I		(existing members)	\$50 minimum initial deposit
↑ Last Name	First Name		M.I.	Birth Date		
						☐ Youth Checking Account Ages 13-17
Social Security Number	I.D./Driver License	Number	State	Expiration	Date	0
Mother's Maiden Name	Eligibility (Name of	community, assoc	ciation, emp	olover, or fam	ilv member)	Checking Options:
	]	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , . 		, ,	<ul><li>Free Visa Debit Card</li><li>☐ Youth ☐ Joint Owner</li></ul>
Current Address	City		State Zip	Hov	v Long (Yrs/Mos)	
					0/ // //	• Checks: ☐ Yes ☐ No
Previous Address (If less than 2 yrs at cu	ment) City		State Zip	Hov	v Long (Yrs/Mos)	In addition to my name, print checks with
Home Phone	Cell Phone		Work	Phone	-	Phone Number
	I					☐ Joint Owner Name
E-mail Address (Youth Checking requ	irement)	Vame of Beneficiar	y (if no joint o	wner, or upon d	eath of both owners)	e-Documents Includes statements and notices.
Background: US Citizen	Permanent Resident	☐ Non-Re	esident Alie	en <sup>3</sup>		Required with valid e-mail address.
Joint Owner (Adult - Require	(h					<b>To enroll</b> , click on the Statements & Notices tab within online banking.
						No Fee <sup>**</sup> Overdraft Protection
↑ Last Name	L First Name		L M.I.	Birth Date		Yes No
	I		1	I		Funds will be drawn from the Youth membership savings account.
Social Security Number	I.D./Driver License	Number	State	Expiration I	Date	
			<u></u>			FUND ACCOUNT(S):
Current Address	City		State Zip	Hov	v Long (Yrs/Mos)	+ A00000KT(0).
Previous Address (If less than 2 yrs at cu	rrent) City		LL State Zip	L	v Long (Yrs/Mos)	Amount to Youth Membership Savings
					g (,)	s\$
lome Phone Cell Phone			Work Phone			Amount to Youth Add-On Certificate
			Mother's Maiden Name			\$
E-mail Address	_	_				Amount to Checking
Retired Unemployed B	ackground: US Citi	zen Permar	nent Reside	ent 🗌 No	n-Resident Alien <sup>3</sup>	☐ Check enclosed ☐ Automatic Transfer form
Employer (or previous employer if retire	ed or not employed)	Job Title (or minor,	disabled e	etc if not emr	ploved)	Direct Deposit form
	I	700 1100 (01 11111101,	, aloubiou, c	I I	sicyca,	From my Provident account:
Employer Address	(	Oity		State Zip		On a suit Niverland
Signatures (Include a copy of	the Joint Owner's driv	ver license or Ι Γ	2)			Account Number
By signing below, I certify, in accordance with IRS V					it Union Use Only:	
Taxpayer Identification Number on this application is withholding. Unless designated below, I affirm that I	have not been notified that I am s	subject to back-up withh	nolding as a resu	ult of Men	nber Number	ESTIMATED MONTHLY TRANSACTIONS
a failure to report all dividends or interest, or because I am subject to back-up withholding. (3) I am a	U.S. citizen or U.S. resident alie	n unless I have checked	I the box on this	form		Cash \$
regarding my background that I am a non-resident a By signing below, I/we acknowledge receipt of Pro	vident's Master Disclosure and S	Service Charge Schedu	ile or acknowled	dge	CS ID EV	□ ACH \$
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						Electronic Payment Country
my credit. Note: the IRS does not require your con-	sent to any provisions of this do	cument other than the c	ertifications req	uired to avoid ba	-	☐ Wires \$ Country
* Faxed documents/signatures are considered as leg	gally binding as original documen	ts/signatures and shall b	e sufficient unle	ess originals are re	equired by a third party.	Douriti')
For children under 10, the adult joint own	er can sign the child's name		ature ("bv Jar	ne Doe"). Also	sign as joint owner.	☐ Chks. <u>\$</u>
For children under 10, the adult joint own	er can sign the child's nam		ature ("by Jar	ne Doe"). Also	sign as joint owner.	Negotiable Instruments
K	er can sign the child's nam		ature ("by Jar	ne Doe"). Also	sign as joint owner.	