

New Membership Application

1st Gateway Credit Union
 PO Box 110
 Camanche, IA 52730
 (563)243-4121

Primary Owner Information

Member/Owner	Member Number	DOB
Address	SSN/TIN	DL#
City	State	Phone
ZIP	Length at address	Cell
Address if less than 1 year	(City, State)	Employer
Email	Work Phone	Best Time & # for contact
Password	Membership Eligibility	
Individual	Joint with right of survivorship	Joint without rights of survivorship

Joint Owner

Joint Owner	SSN/TIN	DOB
Address	Phone	DL#
City	State	ZIP
Joint Owner	SSN/TIN	DOB
Address	Phone	DL#
City	State	ZIP
	Email	

Account Designations- Payable on Death (POD)

Beneficiary	Relationship	SSN
Address	City	State ZIP
Beneficiary	Relationship	SSN
Address	City	State ZIP

UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfer/Gifts to Minors Act)
 SSN/TIN _____

TIN Certification and Backup Withholding Information

Under the penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number.;2) 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and; 3) I am a U.S. Person (including a U.S. resident alien).

I am subject Exempt I am not a US citizen (Complete W-8 form)

By signing below, you agree to the terms and conditions of the Account Agreement, Truth-In-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. You acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, you agree to the terms of acknowledge receipt of the Electronic Funds Transfer agreement. In same, and to answer questions about it's credit experience with you. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

I (we) further understand that additional personal identification in the form of a Drivers License or State Issued ID is required for customers over 16 years of age.

I (we) understand that 1st Gateway Credit Union reserves the right to deny the application at the Credit Union's discretion.

I (we) understand in accordance with The USA Patriot Act to help prevent fraud, identity theft, and the spread of terrorism that 1st Gateway Credit Union may require more information from an individual or legal entity to help establish identity

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

For Credit Union Use Only

Date	Opened By	Beacon	ID Used
VB	E-statements	Debit	Opt In/Out
S/D	ID Theft	Ofac run date	