



Application for Membership

Thank you for choosing HAPO Community Credit Union. We look forward to meeting all of your financial needs and we are confident that you will enjoy all the benefits of being a member of HAPO. In accordance with federal banking regulations, you will be asked to provide identifying documents when opening your account.

Please take a moment to complete the application and once completed, mail your membership application to HAPO CCU to establish your membership. You will also need to send a **notarized copy of a valid driver's license** or state issued identification. Your information will be submitted to ChexSystems to ensure that you are eligible for membership.

By signing this application for membership you acknowledge that you have read the Account Disclosures located at <https://www.hapo.org/member-services/account-disclosures.html>.

Please mail completed form to HAPO Community Credit Union 601 Williams Blvd., Richland WA 99354.

Establishing membership is easy! It is open to anyone who lives, works, worships, or goes to school in Washington State, or lives/works in Umatilla County in Oregon State. You may even become a member if you have a relative who is a member or is eligible to become a member.

I am eligible to join HAPO because:

- I live, work, worship and/or go to school in the State of Washington.
- I have a relative that meets Washington State Eligibility.
- I live and/or work in Umatilla County.
- I live and/or work in Morrow County.
- I have an immediate family member that meets Umatilla or Morrow County Eligibility.

In addition to your HAPO savings account, please indicate other services that you are interested in and a HAPO representative will follow up with you. Thank you for choosing HAPO for your financial needs.

Services:

eTeller/Phone Hotline
 Bill Pay
 E-statements
 Debit/ATM Card
 Checks
 Direct Deposit

Accounts:

Checking
 Sub-Savings
 Certificate of Deposit
 IRA

Loans:

VISA Credit Card/Balance Transfer
 Auto Loan/ Refinance
 Mortgage Loan
 Home Equity Loan/HELOC

By signing below I/we agree to all terms and conditions. I/we certify, under penalties of perjury, that (1) I'm a U.S. person (including a U.S. resident alien), (2) the Social Security number (SSN)/taxpayer identification number (TIN) shown is my/the correct identification number and (3) I am NOT, unless designated below, subject to backup withholding because I have not been notified 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

I am NOT a United States citizen or U.S. person (completed W-8BEN form)

I am exempt from backup withholding

Primary Owner Information

First Name, Middle Initial _____ Last Name _____ Date of Birth _____

Street Address, City, State, Zip _____ Home Phone _____ Work Phone _____ E-Mail _____

Mother's Maiden Name _____ Driver's License Number _____ State _____ Expiration Date _____ Occupation/Title _____

X _____
Signature _____ Social Security Number _____ Date _____

Joint Owner 1 Information (if applicable)

 First Name, Middle Initial Last Name Date of Birth

 Street Address, City, State, Zip Home Phone Work Phone

 Driver's License Number State Expiration Date Occupation/Title

X _____
 Signature Social Security Number Date

Joint Owner 2 Information (if applicable)

 First Name, Middle Initial Last Name Date of Birth

 Street Address, City, State, Zip Home Phone Work Phone

 Driver's License Number State Expiration Date Occupation/Title

X _____
 Signature Social Security Number Date

Beneficiary 1 (if applicable)

 First Name, Middle Initial Last Name Date of Birth

 Street Address City State Zip

Beneficiary 2 (if applicable)

 First Name, Middle Initial Last Name Date of Birth

 Street Address City State Zip

For HAPO Use Only

Account #: _____ Debit or Exchange Card Date Card Ordered: _____ Employee ID #: _____

Date Account Opened: _____

Notary Certificate

State of _____

County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____

Signature of Notary Public

Notary in and for the state of _____

My appointment expires _____

This loose certificate is attached to: _____
(Name of document)