



P.O. Box 20050
Cheyenne, WY 82003
(307) 638-4200
(800) 442-2392

P.O. Box 2930
Casper, WY 82602
(307) 234-2373
(800) 442-2392

Membership Application & Agreement

	Name (last, first)	Account Number	Br. No.
Account Type(s):	<input type="checkbox"/> Membership Share	<input type="checkbox"/> Supplemental Share	<input type="checkbox"/> IRA Share
	<input type="checkbox"/> Share Draft	<input type="checkbox"/> DBA Organizational Share Draft	<input type="checkbox"/> Money Market
Account Ownership:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint with Survivorship	<input type="checkbox"/> Credit Applied For: _____
		<input type="checkbox"/> POD	<input type="checkbox"/> Trust

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, 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 You 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.

Primary Member Information Member Trust Other Specify: _____ Are You a Non-Resident Alien? Yes No

Name: Prefix - Optional (Mr., Ms., Mrs.)	First	Last	M.I.	Suffix
Address	Apt/Box	City	State	Zip
Home Telephone	Business Telephone	E-Mail Address	Birth Date	
Social Security Number	Driver's License Number/State/Exp. Date	Employer		

Signer 2 Information Joint Owner Trustee Other Specify: _____

Name: Prefix - Optional (Mr., Ms., Mrs.)	First	Last	M.I.	Suffix
Address	Apt/Box	City	State	Zip
Home Telephone	Business Telephone	E-Mail Address	Birth Date	
Social Security Number	Driver's License Number/State/Exp. Date	Employer		

Signer 3 Information Joint Owner Trustee Other Specify: _____

Name: Prefix - Optional (Mr., Ms., Mrs.)	First	Last	M.I.	Suffix
Address	Apt/Box	City	State	Zip
Home Telephone	Business Telephone	E-Mail Address	Birth Date	
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Signer 4 Information Joint Owner Trustee Other Specify: _____

Name: Prefix - Optional (Mr., Ms., Mrs.)	First	Last	M.I.	Suffix
Address	Apt/Box	City	State	Zip
Home Telephone	Business Telephone	E-Mail Address	Birth Date	
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Payable On Death Account Beneficiary Designation

In the event of Your death, You hereby designate the following beneficiary(ies).

Name _____	Relationship _____	SSN _____	Birth Date _____
Name _____	Relationship _____	SSN _____	Birth Date _____
Name _____	Relationship _____	SSN _____	Birth Date _____

Overdraft Protection (if opening a Share Draft Account)

Your overdrafts will be covered by transferring funds from Your Loan/Share Account I.D. identified below.

Account No.	Loan ID	Share ID

ATM Card/VISA Debit Card/Telephone Teller/Online Banking

You are requesting the convenience of 24-hour access to Your Credit Union Account with Instant Issue ATM Card, VISA Debit Card, Telephone Teller and/or Online Banking, in conjunction with a Personal Identification Number (PIN) or Access Code. Your VISA Debit Card will allow You to use a number of automated teller machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your checking account.

You would like:

ATM Card
 VISA Debit Card
 Telephone Teller
 Online Banking

Name on Card 1: _____ Name on Card 2: _____

Name on Card 3: _____ Card Number: _____

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; and (3) You are a U.S. person (including a U.S. resident alien).

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number. Social Security Number _____

Signatures

You hereby apply for membership with WyHy Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of WyHy Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If You are now applying or subsequently apply for any Feature Category contained in Our Credit Line Account program, You agree and understand that if approved, You are contractually liable according to the applicable terms and conditions of the Credit Line Account Agreement and Disclosure and You promise to pay all amounts charged to Your Credit Line Account according to its terms. If Your application for membership and/or for credit is a joint application, any liability created by the use of Your Account or by Your Credit Line Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Membership Share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for WyHy Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

You hereby acknowledge Your intent to apply for joint credit _____

Applicant's Initials Co-Applicant's Initials

Applicants (Primary Member) Signature Date Signer 2 Signature Date

Signer 3 Signature Date Signer 4 Signature Date

Credit Union Use Only

Date of Membership _____ Opened/by _____ Membership Officer: _____

_____ Credit Report _____ Hex System _____ ATM/Debit Card Ordered Teller # _____

_____ Checks Ordered _____ Telephone Teller _____ Form of ID _____ Online Banking _____ OFAC



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