

Membership Application Identification Form

FOR WCCU STAFF USE

Snip proof of ID and paste below

New Member Account Risk Assessment

The funding of terrorism and money laundering activities, the USA PATRIOT Act 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, physical and mailing address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identification documents. We will let you know if additional information is required.

Please complete the following questions.

Member Information:	
Member Name:	
Member Address:	
Joint Member Name:	
Joint Member Address:	

Are you affiliated in any way with the growth or distribution of marijuana whether for medical or other purposes, or do/will you perform transactions in any way affiliated with the marijuana industry through this account? Yes No

Will you use Domestic Wire Services? Yes No

If yes, please provide estimates Incoming: _____ Outgoing: _____

Will you conduct online gambling activities through this account? Yes No

Do you regularly purchase Money Orders or Cashier's Checks? Yes No

If yes, generally what is the amount of your purchase? \$ _____

Will there be regular cash deposits? Yes No

If yes, please provide estimates \$ _____ What is the Source of funds: _____

Initial Deposit Amount: \$ _____ What is the Source of Opening Deposit Funds? _____

I certify the above information is true, and correct to the best of my knowledge.

Member Signature	Date

Joint Member Signature	Date