PLEASE MAIL YOUR COMPLETED FORM TO: Qualstar CU, PO Box 3050 Bothell, WA 98041-3050

QUALSTAR CREDIT UNION Membership Application

(All fields are required)

For CU Use Only:
QCU Account #

How did you hear about Qualstar? (choose one only):

☐ I **live/work in WA** State–my community is:

_____

☐ My **employer** referred me–my employer is:

_____

☐ A **relative** referred me – my relative's name is:

_____

☐ A **current member** referred me – that member's name is:

_____

PRIMARY MEMBER INFORMATION

First:	Middle:	Last:
Physical Address:		
City:	State:	Zip:
Mailing Address (if different from physical): ~		
City:	State:	Zip:
Primary Phone:	Choose One: ☐ Mobile ☐ Home ☐ Work	
Secondary Phone:	Choose One: ☐ Mobile ☐ Home ☐ Work	
Social Security #:	Date of Birth:	
Mother's Maiden Name:	Email:	
State ID/Driver's License #:		
Issue Date:	Expiration Date:	
Occupation:	Employer:	
Code Word (to verify account info requests):	Code Word Hint:	

JOINT MEMBER INFORMATION (with Right of Survivorship)

First:	Middle:	Last:
Address:		
City:	State:	Zip:
Primary Phone:	Choose One: ☐ Mobile ☐ Home ☐ Work	
Secondary Phone:	Choose One: ☐ Mobile ☐ Home ☐ Work	
Social Security #:	Date of Birth:	
Mother's Maiden Name:	Email:	
State ID/Driver's License #:		
Issue Date:	Expiration Date:	
Occupation:	Employer:	

*Joint account owners will have an interest in all services provided under this account.

If no Joint Member is designated, you can choose to add a Payable on Death (POD) Beneficiary (not applicable on IRAs):

Beneficiary: _____

Relationship: _____

ACCOUNTS & SERVICES

Please open: ☐ Savings ☐ Checking ☐ Money Market

*See current Rate & Fee Schedule for more information on rates, terms and applicable fees.

☐ **Order a Visa Debit Card** (checking required.)

I would like to apply for a loan (choose any)*

☐ Auto (purchase or refinance) ☐ Boat / RV / Motorcycle

☐ Home Equity/Line of Credit ☐ Visa Credit Card

☐ Debt Consolidation ☐ Home (purchase or refinance)

By checking any above box(es) and signing below you are authorizing Qualstar Credit Union to obtain your credit report. You will be contacted by our Lending Department regarding your request.

*All loans are based on approved credit. Restrictions may apply.

BACKUP WITHHOLDING

The Internal Revenue Service does not require your consent to any provision of the Account Card other than the certifications required to avoid backup withholding. By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct number and that 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 of interest, or because the IRS has notified me that I am not no longer subject to backup withholding.

☐ I am subject to backup withholding

☐ I am not a United States citizen or permanent resident alien (complete W-8 form)

☐ I am exempt (complete W-9 form)

AUTHORIZATION

By signing below and/or via electronic signature, I/we agree to the terms and conditions of the Membership & 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. I/we acknowledge Qualstar will mail a copy of the Agreement and Disclosure applicable to the accounts and services requested herein. If an ATM/Debit card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We authorize Qualstar to check my/our credit, verify employment history, obtain a credit report, and to answer questions about its credit experience with me/us. I further acknowledge that any unclaimed funds in my account may be escheated to the State of Washington as per escheatment laws (or may be returned to my union vacation trust, depending on my union trust agreement.) *The Internal Revenue Service does not require your consent to any provision of this Account Card other than the certifications required to avoid backup withholding.*

I am also consenting to allow Qualstar and any related service providers to contact me at any telephone number I provide now or in the future, in order to administer and service my account. These numbers may include, but are not limited to, mobile/cellular devices. These contacts may be made as a direct dial call or through the use of text messages, pre-recorded or simulated voice messages, and/or the use of an "automated telephone dialing system." I understand and agree this is intended to be an ongoing authorization, effective as of the date signed, and will remain in effect until I provide notice of my revocation to Qualstar.

My acceptance below also allows Qualstar to use the credit report pulled for the purpose of this request for any current or future loan approvals and consideration of offering me additional credit and/or services. I understand and agree this is intended to be an ongoing authorization for this and all future credit reports, effective as of the date signed, and will remain in effect until I provide written notice of my revocation to Qualstar Credit Union.

_____
Primary Member Signature Date

_____
Joint Member Signature Date