

Wawa Employees Credit Union
260 W. Baltimore Pike, Media, PA 19063
610-358-8030
www.wawacu.com
MEMBERSHIP & ACCOUNT APPLICATION

MEMBERSHIP ELIGIBILITY

Membership Eligibility: Wawa Employee/Store # _____ Relative of WECU Member _____ (Relationship)

PERSONAL INFORMATION

Name _____ Social Security # _____ Birth Date ___/___/___ Gender M F

Street Address _____ City _____ State _____ Zip _____

Driver's License # & State _____ Primary Phone () _____ Alternative Phone () _____

Email Address _____ Mother's Maiden Name _____

Employer's Name & Address _____

SERVICES REQUESTED

Share Savings Account (\$5.00 Minimum Deposit Required) No Fee Checking Account Order Checks

ATM Card* PIN ___/___/___/___ Debit Card* (Checking Account required) PIN ___/___/___/___ *Service Fees Charged

Vacation Club Christmas Club Online Banking Mobile Banking E-Statements Bank-By-Phone

Wawa Payroll Deduction (If you wish to have your payroll deduction to go into more than one account and remainder or net in the account to receive the balance)

Savings \$ _____ Checking \$ _____ Christmas Club \$ _____ Vacation Club \$ _____ Total or Net Pay \$ _____

JOINT OWNER(S) INFORMATION

Name _____ Social Security # _____ Birth Date ___/___/___

Driver's License# & State _____ Gender M F

Name _____ Social Security # _____ Birth Date ___/___/___

Driver's License# & State _____ Gender M F

MEMBER'S SIGNATURE

Membership Authorization: I hereby make application for membership in Wawa Employees' Credit Union and agree to conform to it bylaws and amendments thereof, and to subscribe for at least one (1) share. I further request the services listed herein/any future services and agree to be bound by the terms of the appropriate account agreements, which have been provided to me.

If I am applying for an ATM Card, Debit Card, and/or a Share Draft (Checking) Account, I authorize Wawa Employees' Credit Union to obtain information concerning my checking account check-cashing history, and to obtain a credit report. I understand that Wawa Employees' Credit Union is not obligated to open a Share Draft (Checking) Account if the information obtained is not satisfactory.

Under penalties of perjury I certify that (1) the number shown on this form is my correct Taxpayer Identification (Social Security) Number and (2) that I am not subject to backup withholding as a result of a failure to report all interest or dividends; or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (3) I am a U.S. Citizen (including a U.S. resident alien)

X _____ Date _____
Primary Member's Signature required

Joint Owner Authorization: I agree to be bound by terms of the appropriate account agreements, which have been provided to me for the services selected

X _____ Date _____
Joint Owner's Signature required

MAIL APPLICATION AND A COPY OF DRIVER'S LICENSE FOR ALL PARTIES APPLYING FOR MEMBERSHIP TO THE ADDRESS ABOVE

Official Use Only

Check Systems _____ Denial Mailed _____ Cks Date _____ Disclosure Date _____ ATM Date _____ Indicator _____
Payroll Start _____ Employment Verified By: _____ OFAC Check: _____