

JOIN WOODSTONE CREDIT UNION

To get started, simply give us a call at 253.925.6800 or 800.334.9828.

Or, if you prefer:

- Complete the attached membership application
- Bring it to a Woodstone branch with:
 - Your \$25 savings deposit
 - Valid picture identification

IT'S EASY TO SWITCH

This checklist helps you organize the things you need to do when switching your relationship to Woodstone. Follow these simple steps and you'll see the advantage of membership.

Open Your Accounts at Woodstone

- Join or open additional accounts at any Woodstone location
- Order your Woodstone checks and a Woodstone VISA Debit Card
- Set up direct deposit to your Woodstone checking account
- Enroll in Online Banking and Online Bill Payer
- Switch your automatic withdrawals to be deducted from your Woodstone account
- Switch your higher rate loans and credit cards to Woodstone

Close Your Old Account

- Stop using your old account but leave enough money in it to cover outstanding checks or withdrawals
- When all outstanding checks have cleared and all automatic withdrawals have been switched to Woodstone, close your account

Enjoy the Ride!



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Membership Application

Primary Member

(Last)

(First)

(MI)

(Social Security Number)

(Birthdate)

(Mother's Maiden Name)

(Street Address)

(City)

(State)

(Zip)

(Home Phone)

(Work Phone)

(Identification)

Account Number: _____

Employer: _____

Employer's Address: _____

Membership Eligibility:

Weyerhaeuser Employee

Other Employee Group _____

Family/Relative

Living

Working

or Worshipping in: WA State

Joint Owner _____

(Last)

(First)

(MI)

(Social Security Number)

(Birthdate)

(Identification)

Joint Owner _____

(Last)

(First)

(MI)

(Social Security Number)

(Birthdate)

(Identification)

Savings

Savings II

Holiday Savings

Flexible Performance Money Market

Checking

Non Dividend Savings (Reason _____)

Overdraft Protection 1. _____

2. _____

3. _____

ATM Card _____

(Initials)

ATM Card II _____

(Name)

VISA Check Card _____

(Initials)

VISA Check Card II _____

(Name)

Woodstone Online _____

(Initials)



Primary Member: Under penalty of perjury, I certify that the Social Security number shown on the front of this card is my correct identification number. Unless I indicate that I am subject to backup withholding by checking the box, by signing below I certify that (1) I have not been notified by the IRS that I am subject to back up withholding as a result of failure to report all interest or dividends, or (2) I have been notified by the IRS that I am no longer subject to back up withholding.

I am subject to back up withholding.

I am, unless designated below, a US person (including a US resident alien)

(Signature)

Individual Account

Individual Account/Payable on Death Beneficiary

Beneficiary Name _____

Beneficiary Relationship _____

Address _____

Joint Account with Right of Survivorship

Joint Account/Primary Member is a Minor

Uniform Trust to Minor

Revocable Living Trust

Trust Name _____

Non profit Organization

Organization name _____

Estate Account

Name of Estate _____

Other _____

I/we certify that all information is true and complete. I/we authorize Woodstone Credit Union to obtain information concerning my/our credit history from available sources. By signing below, I/we agree to the terms and conditions of the Membership Account Agreement, Truth-in-Savings Rate and Fee Schedules, Funds Availability Disclosure, ATM/POS, VISA Check Card Agreement, if applicable, as to any amendment you make from time to time which are incorporated therein.

(Primary Member Signature)

(Date)

(Joint Owner Signature)

(Date)

(Joint Owner Signature)

(Date)

New Account Replacement (Reason: _____)

Chex Approval SS# issued _____ (Year) _____ in _____ (State) Credit Report

Comments: _____

Opened by _____ Date _____ Manager Approval _____

ACCOUNT CLOSURE REQUEST

To close your account, simply mail this completed form to the financial institution you are switching from. If you have any questions, please contact a Woodstone representative.

Date

Financial Institution's Name (where you are closing your account)

Address

City, State, ZIP

To Whom It May Concern:

Please close my account # _____ and send a check for any remaining balance to me at the address below. If you have any questions about this request, please contact me at:

Phone #: _____

Sincerely,

Signature

Name (please print)

Address

City, State, ZIP

Cosigner Signature

Cosigner Name (please print)



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AUTOMATIC WITHDRAWAL CHANGE REQUEST

To switch your automatic withdrawals, mail this completed form to the company who is withdrawing funds for the below recurring payment. If you have any questions, please contact a Woodstone representative.

Name of company that makes automatic withdrawals

Address

City, State, ZIP

Regarding my account # _____ with you.

You are currently withdrawing from my: Checking Savings

Account #1 _____ Account # 2 _____
at financial institution _____

Effective (date) _____ please cancel the above transaction and begin withdrawing from my account at
Woodstone Credit Union. Account # _____

Woodstone Credit Union Routing # 325183291

Withdraw from: Checking Savings

If you have any questions regarding this request, please contact me by phone at: _____

Signature

Name (please print)

Address

City, State, ZIP

Date



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DIRECT DEPOSIT CHANGE REQUEST

To switch Direct Deposit of your paycheck or Social Security check to Woodstone, simply complete this form and give it to your existing deposing company/organization. If you have any questions, please contact a Woodstone representative.

Member Information

Member Name

Address

City, State, ZIP

Phone (home)

(daytime)

Deposit to: Checking Savings

Amount All \$ _____

Account # _____

Woodstone Credit Union Routing #: **325183291**

Depositing Company/Organization

Company/Organization Name

Mailing Address

City, State, ZIP

Company/Organization Contact Phone Number and Name (if known)

By completing this Authorization for Direct Deposit, I am authorizing the automatic deposit for my funds into my Woodstone Credit Union account. This authorization is to remain in effect until the payment originator has received written notification modifying or revoking my authorization. I acknowledge I must allow the payment originator a reasonable opportunity to act on my notification.

Member Signature

Date



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If you receive non-payroll deposits, contact the depositor for instructions on switching them to your Woodstone account.
For Social Security payments, contact the Social Security Administration Office at 1.800.772.1213.