



IMPORTANT INFORMATION ABOUT PROCEDURES 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 for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license and/or other identifying documents.

MEMBERSHIP APPLICATION

Please print this application, complete it, and mail it to:
Empower Credit Union
Attn: Membership Services
10635 West Greenfield Ave.
West Allis, WI 53214-2428

When we receive it we will mail you a receipt, a disclosure, and other Credit Union information. For additional information, please call Empower Credit Union 414-988-6600.

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Birthdate: ____/____/____

Email Address: _____

Membership Eligibility (Please check one)

___ Employment at: _____ Employee ID: _____

___ Family Member of:

Name: _____

Company: _____

Relationship: _____

Certification of Social Security Number and backup withholding

Social Security #: _____ - _____ - _____

Under penalties of perjury, I certify that (1) the Taxpayer Identification Number shown above is my correct taxpayer identification number and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholdings. (3) I am a U.S. person (including a US resident alien).

Signature: _____ Date: _____

Agreement for Payroll Deductions

I hereby authorize my employer to pay to Empower Credit Union \$ _____ per payday out of my paycheck and credit my Savings/Share account. I understand and agree that dividends will not accrue on payroll deductions until the payroll deduction has been deposited to my account

I hereby grant Empower Credit Union a power of attorney to increase or decrease the amount of this deduction upon written or verbal request and authorize my employer to honor any such change upon notification from Empower Credit Union.

Select One:

- Biweekly
- Pension
- Monthly

Signature of Employee: _____ Date: _____

Please be advised that if you are employed by one of Wisconsin Energy's subsidiary companies (NMC, ATC, etc.) or if you were a former Wicor employee, you will need to set up your payroll deductions with your respective Payroll Departments. In these cases, you will need to send in the initial \$25 to open a base account.

Member Account Agreement

By signing below the undersigned hereby apply for an account and agrees to the by-laws of Empower Credit Union and applicable account terms and conditions disclosed for this account. I/we hereby grant to Empower Credit Union a security interest in the account to secure all obligations owed to the credit union, now or in the future.

If this is a joint account it is jointly owned by the parties named hereon, and upon the death of any of them, ownership passes to the survivor(s).

Member's Signature: _____ Date: _____

Joint Owner's Signature: _____ Date: _____

Social Security #: _____ - _____ - _____

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.

All Applicants must provide any two of the following forms of identification:

- Copy of Driver's License or State issued picture ID
- Copy of Passport
- Copy of Military ID
- Copy of Social Security Card

Empower Credit Union Employee Use Only:

Date Opened: _____ MSR#: _____ Approved by: _____