NEW MEMBER ACCOUNT APPLICATION

Account Number	Primary Member	Joint Member	
The following information is required for information helps us to satisfy Governme that from time to time we will be asking of the US Patriot Act.	nt U.S. Patriot Act rules and al	so helps us protect you fr	rom Identity Theft. Understand
Last Name	First		M.I
Address			
City		State	Zip
Social Security #		Phone #	
Date of Birth	How long WI resident		nt
Mother's Maiden Name	How long at current address		
City, State, and Country of Birth_			
Are you a U.S. Citizen	Dr. License # _		
Email address:			
Employer			
Will you be depositing payroll fun	ds?	How often?	
Will you have direct deposit?	From where &	how often?	
Will you have cash deposits on a r	egular basis?	How often?	
Over \$1000? Sour	ce of cash deposits		
Will you be sending or receiving v	vire transfers on a regular	basis?	
If yes, where to?		Who to?	
Where from?		Who from?	
]I understand I will be enrol	led in eStatements ar	nd eNotices.	
I certify that the information hereby applies for members any amendments thereto of	n given is accurate a hip in and if accepte Avestar Credit Unio	nd true. The aboy d agrees to confo n.	ve person or entity rm to the bylaws and
Signature	Date		