WAWA EMPLOYEES' CREDIT UNION
260 W. Baltimore Pike, Wawa, PA 19063-5699
610-358-8030
MEMBERSHIP APPLICATION

_____
Name (Please Print) Last First Middle Initial

_____
Street

_____
City State Zip

_____ _____
Social Security Number Date of Birth

(_____)_____ (_____)_____
Home Phone Work Phone

Email_____

_____
Store # or Relationship / Eligibility for Membership

I hereby make application for membership in Wawa Employees' Credit Union and agree to conform to the bylaws or any amendments thereof in the Wawa Employees' Credit Union. I understand that by my signature on this application, I and any joint owners acknowledge that I have received all applicable disclosures and that I agree to all the terms and conditions as set forth.
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. person (including a U.S. resident alien).

✕ _____
Your Signature Date

Joint Account Information Only

_____
Name (Please Print) Last First Middle Initial

_____ _____
Social Security Number Date of Birth

✕ _____
Joint Members Signature Date

(Over)

Updated 4/2/2013

Check the services you would like to receive.

☑ Savings
- ☐ STAR/ATM (Service Fee Charged)
  PIN ___ ___ ___ ___
  (4 Numbers or 4 Characters no Q or Z)

☐ No fee Checking
- ☐Order checks (Cost is deducted from acct)
- ☐ Master Card Check Card with
  STAR/ATM (Service Fee Charged)
  PIN ___ ___ ___ ___
  (4 Numbers or 4 Characters no Q or Z)

☐ Christmas Club
☐ Vacation Club

☐ **Wawa Payroll Deduction**
If you wish your payroll deduction to go into more than one account, fill in the amount on each account and write REMAINDER or NET in the account to receive the balance.

$ _____ Savings

$ _____ Checking

$ _____ Christmas Club

$ _____ Vacation Club

$ _____ Total or ☐ Net Pay

Official Use Only

Cks System _____ Denial Mailed _____
Cks Date _____ By_____
Disclosure Date _____By_____
ATM Date _____ By_____