

consolidated community credit union entity account card

Questions? Call or email Member Services at
503.232.8070 (800.444.8115) or www.consolidatedccu.com

member eligibility

- Organization located in Clackamas, Multnomah or Washington county
- Organization owned by members
- Existing Member/Account Update

account information

account password (optional): _____

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

Name _____ SSN/EIN/TIN# _____

_____ Type of Business _____

Street Address (required) _____

Mailing Address _____ Signatures Required to Transact Business _____
(if more than one)

Home# _____ Work# _____ Cell# _____ Email _____

Person(s) Authorized to Receive Account Information _____

type of entity

- Sole Proprietorship
- Partnership
- LLC-Tax Classification (check one)
- Corporation
- Other: _____
- Association/Club
- Nonprofit Organization
- Disregarded O Corporation O Partnership
- Living Trust

accounts and services

- Primary Share Savings
- Checking type: _____
- Personal Line of Credit
- ATM/Visa Debit Card
- Visa Credit Card
- Merchant Services
- Telephone Teller
- Online Bill Pay
- Online Banking
- Express Deposit
- Express Deposit +
- CD
- Overdraft Protection (acct. transfer)
- Money Market
- Other: _____
- Send Me Info About: _____

authorized signers

1. Authorized Signer _____ Title _____ SSN _____ - _____ - _____

Street Address (required) _____ Birthdate ___ / ___ / ___ MMN _____
(Mother's Maiden Name)

ID Issued By _____ ID# _____ ID Issued ___ / ___ / ___ Exp ___ / ___ / ___

Home# _____ Work# _____ Cell# _____ Email _____

Employer _____ Occupation _____

2. Authorized Signer _____ Title _____ SSN _____ - _____ - _____

Street Address (required) _____ Birthdate ___ / ___ / ___ MMN _____
(Mother's Maiden Name)

ID Issued By _____ ID# _____ ID Issued ___ / ___ / ___ Exp ___ / ___ / ___

Home# _____ Work# _____ Cell# _____ Email _____

Employer _____ Occupation _____

3. Authorized Signer _____ Title _____ SSN _____ - _____ - _____

Street Address (required) _____ Birthdate ___ / ___ / ___ MMN _____
(Mother's Maiden Name)

ID Issued By _____ ID# _____ ID Issued ___ / ___ / ___ Exp ___ / ___ / ___

Home# _____ Work# _____ Cell# _____ Email _____

Employer _____ Occupation _____

4. Authorized Signer _____ Title _____ SSN _____ - _____ - _____

Street Address (required) _____ Birthdate ___ / ___ / ___ MMN _____
(Mother's Maiden Name)

ID Issued By _____ ID# _____ ID Issued ___ / ___ / ___ Exp ___ / ___ / ___

Home# _____ Work# _____ Cell# _____ Email _____

Employer _____ Occupation _____

5. Authorized Signer _____ Title _____ SSN _____ - _____ - _____

Street Address (required) _____ Birthdate ___ / ___ / ___ MMN _____
(Mother's Maiden Name)

ID Issued By _____ ID# _____ ID Issued ___ / ___ / ___ Exp ___ / ___ / ___

Home# _____ Work# _____ Cell# _____ Email _____

Employer _____ Occupation _____

