

Join Today!

Becoming a member of Quimper Community Federal Credit Union is easy! Virtually anyone who lives, works or worships in Jefferson or Clallam County is eligible to join. Just give us a few pieces of information and we'll have a member service representative assist you with opening your accounts.

If you are interested in a loan, talk to our friendly loan officers or fill out a loan application today!

Port Townsend:
1165 Landes Court (behind Safeway)
Lobby: Mon-Fri 9 am to 5 pm
Sat 9 am to 1 pm
Drive-Thru: Mon-Fri 8:30 am to 6 pm
Sat 8:30 am to 1:30 pm

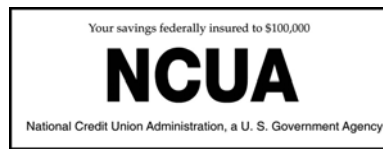
Port Hadlock:
11524 Rhody Drive (Near the NAPA store)
Lobby: Mon-Fri 9 am to 5 pm
(Lobby closed Sat)
Drive-Thru: Mon-Fri 8:30 am to 6 pm
Sat 8:30 am to 1:30 pm

Mailing Address:
P.O. Box 1530
Port Townsend, WA 98368

Important Phone Numbers
General Information: 360-385-3663
Toll Free: 1-800-505-3347
PT Fax: 360-385-9561
PH Fax: 360-385-1479
24 Hour Teller: 379-5544



Community ~ Cooperative ~ Not for Profit
Your Original Jefferson County Credit Union, Since 1939.



Last Name			First Name			MI		
Teller Initials			Date			<input type="checkbox"/> ChexSystem Verification		
Office Use Only						<input type="checkbox"/> Credit Inquiry		

Member Application



I Want to Join Quimper Community Federal Credit Union!

There is an initial \$5 savings account (share) deposit required for life of account.

Check: I live work worship am related to member in Jefferson or Clallam County.

STEP 1

Tell Us About Yourself

[]		
First Name	MI	Last Name
[]		
Mailing Address		
[]		
Street Address (if different)		
[]		
City, State, ZIP		
[]	[]	[]
Home Phone	Work Phone	
[]	[]	
Social Security Number/TIN	Date of Birth	
[]	[]	
Drivers License		
[]		
Place of Employment		
[]		
E-mail Address		
[]	[]	[]
Signature	Date	

STEP 2

Tell Us About Your Joint Member

[]		
First Name	MI	Last Name
[]		
Mailing Address		
[]		
Street Address (if different)		
[]		
City, State, ZIP		
[]	[]	[]
Home Phone	Work Phone	
[]	[]	
Social Security Number/TIN	Date of Birth	
[]	[]	
Drivers License		
[]		
Place of Employment		
[]		
E-mail Address		
[]	[]	[]
Signature	Date	

STEP 3

The terms, conditions and account selection information on this card applies to all the accounts listed below, unless the credit union is notified in writing of a change. The account number for each of the accounts listed below consists of a suffix added to the end of the account number.

What Services Would You Like?

Check all that you are applying for:

<input type="checkbox"/> Checking (Draft)	[]
<input type="checkbox"/> Visa Debit Card	[]
<input type="checkbox"/> 24-Hour Teller	[]
<input type="checkbox"/> Homebanking	[]
<input type="checkbox"/> E-Statements	[]
<input type="checkbox"/> Share Certificate	[]
<input type="checkbox"/> Money Market	[]
<input type="checkbox"/> Living Trust	[]
<input type="checkbox"/> Payroll Deduct	[]
<input type="checkbox"/> Direct Deposit	[]
<input type="checkbox"/> Sh O/D Protect	[]
<input type="checkbox"/> Loan O/D protect	[]
<input type="checkbox"/> Safe Deposit Box	[]
Office Use Only	

Account Password (mothers maiden name?) _____

Account Designations (POD)

All Accounts Specific _____

[]	Beneficiary (Payable on Death Payee or Agency)	SSN/TIN
[]	Address	
[]	Beneficiary (Payable on Death Payee or Agency)	SSN/TIN
[]	Address	

UTMA: Uniform Transfers/Gifts to Minors Act

[]	As Custodian For	Minor's TIN/SSN
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Must be signed in the presence of a Quimper employee or notarized. Photo ID must be presented or a copy supplied. By signing above, you authorize Quimper Community Federal Credit Union to provide information about your account(s) to any person or entity when required by law and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings disclosure, Funds Availability Disclosure, Sharedraft Agreement, and agreements related to all other selected services and to any amendment this credit union makes from time to time, which are contained and incorporated within. You acknowledge receiving these disclosures, and others applicable to services requested herein. **NOTICE:** New accounts closed within 90 days will be charged a \$15.00 maintenance fee.

You (the member) authorize credit inquiries as deemed necessary on an ongoing basis. We reserve the right to waive the disposing of an account by a existing or future will, with joint owner survivorship or for which Payable on Death (POD) beneficiaries have been named. **TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION:** (cross out those which do not apply) Under penalties of perjury I state that the TIN number shown on this form is my correct taxpayer identification number. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failing to report all interest or dividends, or (c) the IRS has informed me that I am not subject to backup withholding and I am a U.S. person (including a U.S. resident alien).