



### Existing Members

BECU members can apply for loans and open additional account by logging into Online Banking.

**Online Banking Log In**

### New to BECU? Start Here

Your application should take approximately 10 minutes to complete and you will need the following information. You are required to be over age 13 to open an account online.

» Driver's License or a Passport

» U.S. Citizenship or resident alien status

» U.S. Social Security Number

» Information for accounts that you will close and switch to BECU (Optional)



### Small Business Membership

Small Business membership can't be opened online. Complete the [Small Business Services Application](#) and mail it to BECU or take to a [BECU location](#).

### 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. When you open a new account, we will ask 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.

### Electronic Communications Disclosure and Consent

Please carefully read the following disclosure [Online Membership Enrollment Electronic Communications Disclosure](#) and acknowledge your consent by checking the box below. If you do not wish to receive Electronic Communications from us, you may apply for membership by mail, facsimile or in person at any BECU location.

- You, including any joint account-holder, agree** with all terms of the Electronic Communications Disclosure and consent to receiving Electronic Communications.

**Start Application**

# Personal Information

Required fields are indicated with an asterisk (\*).

Primary Applicant	
* First Name	<input type="text"/>
Middle Initial	<input type="text"/>
* Last Name	<input type="text"/>
Suffix	Select ...
Current Address	
* Address	<input type="text"/>
* City	<input type="text"/>
* State	Washington
* Zip	<input type="text"/>
Mailing Address (if different from Current Address)	
<input type="checkbox"/> Same as current address	
* Address	<input type="text"/>
* City	<input type="text"/>
* State:	Washington
* Zip	<input type="text"/>
Contact Information	
* Daytime Phone	<input type="text"/> - <input type="text"/> - <input type="text"/>
* Evening Phone	<input type="text"/> - <input type="text"/> - <input type="text"/>
* Email Address	<input type="text"/> (john@hotmail.com)
Identification Information	
* Social Security Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
* Date of Birth	<input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy
* Mother's Maiden Name	<input type="text"/>
Promotional Code	<input type="text"/> <i>If you are responding to a promotion, enter code.</i>
* Identification	Driver's License - US
* Identification Number	<input type="text"/>
* Issue Date	<input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy
* Expiration Date	<input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy
* Country of Issue	United States
State of Issue	Washington
* Do you want to add a joint account holder to this account ?	<input type="radio"/> Yes <input type="radio"/> No

NOTE : Please verify your information is correct

[Save and Finish Later](#) [Continue »](#)

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## Questions?

800-233-2328 (outside Seattle)  
M-F, 7:00am-7:00pm (PT)  
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# Joint Account Holder

Required fields are indicated with an asterisk (\*).

<b>Joint Account Holder</b>	
* First Name	<input type="text"/>
Middle Initial	<input type="text"/>
* Last Name	<input type="text"/>
Suffix	Select ...
<b>Current Address</b>	
<input type="checkbox"/> Same as Primary Account Holder	
* Address	<input type="text"/>
* City	<input type="text"/>
* State	Washington
* Zip	<input type="text"/>
<b>Mailing Address (if different from Current Address)</b>	
<input type="checkbox"/> Same as current address	
* Address	<input type="text"/>
* City	<input type="text"/>
* State	Washington
* Zip	<input type="text"/>
<b>Contact Information</b>	
* Daytime Phone	<input type="text"/> - <input type="text"/> - <input type="text"/>
* Evening Phone	<input type="text"/> - <input type="text"/> - <input type="text"/>
Email Address	<input type="text"/> (john@hotmail.com)
<b>Identification Information</b>	
* Social Security Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
* Date of Birth	<input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy
* Mother's Maiden Name	<input type="text"/>
* Identification	Driver's License - US
* Identification Number	<input type="text"/>
* Issue Date	<input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy
* Expiration Date	<input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy
* Country of Issue	ARUBA
State of Issue	Washington
* Do you want to add another joint account holder to this account ?	<input type="radio"/> Yes <input type="radio"/> No

NOTE : Please verify your information is correct

**Save and Finish Later** **Continue >>**

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# Disclosures

Read the following electronic communications disclosures and acknowledge your consent by checking the corresponding "Agree" boxes :

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### ELECTRONIC COMMUNICATIONS DISCLOSURE AND CONSENT

#### Description of Service and Consent:

You have begun a membership and credit application online. We are required by law to provide you with certain important information at this time. Once you consent to receiving electronic instead of paper notices, we will provide you certain information as part of your application as

[View Printer Friendly Version](#)

- You have read, agree and understand** all the terms of the Electronic Communication Disclosure and consent to receiving the Communications electronically.
- You and any joint account-holder(s)**, if applicable, also agree with: 1) the terms and conditions contained in this Membership Application; 2) that before you submit your membership application by selecting "Continue" below, you have read, will retain for your records and agree to all the terms and conditions contained in the [Legal Acknowledgements and Agreements](#), [Consumer Account Disclosure](#) and [Account Agreements](#), which includes Important Information Regarding Your Privacy, Funds Availability Policy, and Electronic Funds Transfer Services. If you do not agree, select "Cancel".
- Taxpayer Identification Number (TIN) Certification and Backup Withholding Information**  
  
To avoid backup withholding (a required withholding of a portion of the interest to be sent to the IRS), you must certify below - under penalties of perjury - that the Taxpayer Identification Number you provided is correct, that you are a U.S. person (including a U.S. resident alien), and that you are not subject to backup withholding. You are not subject to backup withholding if you (a) have not been notified that you are subject to backup withholding as a result of a failure to report all interest or dividends, (b) the Internal Revenue Service has notified you that you are no longer subject to backup withholding, or (c) this account is owned by an entity exempt from backup withholding under IRS rules  
  
\*I hereby certify, under penalties of perjury, that the taxpayer identification number (social security number) I provided is correct, that I am a US person (including a resident alien), and that I am **not** subject to backup withholding.  
  
 I agree with this statement  
 I do not agree with this statement  
  
The IRS does not require your consent to any provisions of this agreement other than the certification required to avoid backup withholding.

**NOTE : Please verify your information is correct**

[Print Disclosures](#) [Cancel](#) [Save and Finish Later](#) [Continue >>](#)

# Personal Information - Primary Applicant



For your protection we ask that you answer the questions below so we can verify your identity.

Required fields are indicated with an asterisk (\*).

### Please answer the following questions:

\* 1. According to our records, you may have resided or currently reside on one of the following streets. Please select your street name from the choices listed below.

\* 2. According to your credit profile, you may have opened an auto loan in or around June 2001. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

\* 3. Which one of the following retail credit cards do you have? If there is not a matched retail credit card, please select 'NONE OF THE ABOVE'.

\* 4. From the following list, please select the dollar amount range that contains your monthly mortgage payment for the loan you opened around January 2000. If you have not made mortgage payments recently or in the past please select 'NONE OF THE ABOVE/DOES NOT APPLY'.

**Continue »**

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# Application Saved

Your application has been saved and must be completed within the next 30 days. In order to return and complete this application you will need your application number shown below:

PFL8427



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## Sign In: Return to Your Saved Application

The following problems were detected. Please correct and resubmit.



- Application Number is required.

\* Enter the application number provided at time the application was saved

\* Provide the email address you entered on this application

\* Provide the month and day of your birth (MM/DD)

**Continue »**

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# Existing Relationship



## Existing Relationship

You have an existing relationship or application with BECU.

You can open an account through the [mail](#) or by visiting one of our [BECU locations](#).

# Products & Services

**Important :**

You must select a Member Advantage or Savings to establish membership.



## Member Advantage Program

**Saving and Checking with Member Advantage**

Earn 7.50% APY\* on the first \$500 in your Savings and Checking accounts with Member Advantage. Balances above \$500 will earn BECU's standard savings and checking account rates as posted. \$5 opening deposit required for savings and \$10 opening deposit required for checking. The following accounts and services are required:

To qualify for Member Advantage you will need:

- Member Advantage Savings and Checking account
- eStatements
- Bill Payment or Direct Deposit

\* Rate stated as an Annual Percentage Yield and effective 10/01/06 and subject to change. Fees may reduce earnings.

## Deposit Products

**Savings**

(\$ 5.00 opening deposit required)

**Checking**

(\$ 10.00 opening deposit required)

**Money Market**

(\$ 5.00 opening deposit required)

## Additional Services

eStatements

Bill Payment

Direct Deposit



## Additional Preapproved Credit Offers

**Congratulations!** You have been pre-approved for the following loan product(s).

Select any of the following offer(s) you would like to receive :

**OFFER # 1**

VISA

(% APR, 5000.00 preapproved credit limit)

[Go to Visa Rates and Fees Disclosure](#)

**OFFER # 2**

LINE OF CREDIT/OVERDRAFT PROTECTION

(% APR, 5000.00 preapproved credit limit)

Checking account & Automatic payment transfer required.

You can choose to stop receiving "prescreened" offers of credit from this and other companies by calling toll-free 1-888-567 8688. Click on [PRESCREEN & OPT-OUT NOTICE](#) for more information about prescreened offers.

## Select Your Loan Products

## Loan Rates & Fees

Auto

Boat

Consumer Line of Credit

Home Equity Line

Recreational Vehicle

Visa New



**NOTE :** Please verify your information is correct

[Save and Finish Later](#) [Continue »](#)

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# Additional Details

Required fields are indicated with an asterisk (\*).

## ATM/Debit MasterCard

\* Savings Account

Yes

No



NOTE : Please verify your information is correct



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# Fund Your Accounts

Required fields are indicated with an asterisk (\*).

**Important :**

- The total maximum opening deposit for any combination of Savings and Checking accounts is \$2,500.
- The total maximum deposit for a Money Market account is \$10,000.

New Account	Funding Amount
* Savings	\$ <input type="text"/> <i>Minimum deposit: \$5</i>

**You may fund your account(s) from any of your existing bank accounts through our electronic transfer process (ACH) or by check.**

Transfer From Other Financial Institution  
 Check by Mail - Print Deposit Slip in Step:5 of the Summary

**NOTE :** Please verify your information is correct

**Save and Finish Later** **Continue »**

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# Fund Your Accounts

Required fields are indicated with an asterisk (\*).

**Important :**

- The total maximum opening deposit for any combination of Savings and Checking accounts is \$2,500.
- The total maximum deposit for a Money Market account is \$10,000.

New Account	Funding Amount
* Savings	\$ <input type="text" value="5"/> <i>Minimum deposit: \$5</i>

**You may fund your account(s) from any of your existing bank accounts through our electronic transfer process (ACH) or by check.**

Transfer From Other Financial Institution  
 Check by Mail - Print Deposit Slip in Step:5 of the Summary

**Enter Other Financial Institution Information**

\* Account Type  Checking  Savings

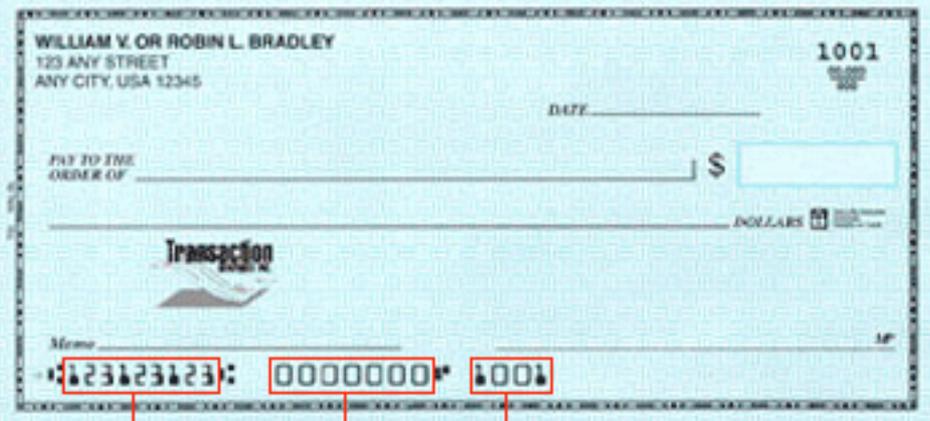
\* What is the name of the financial institution?

\* Name as it appears on this account  

\* Routing Number

\* Account Number

Transfers normally take 3-5 business days to settle with both institutions.



ABA Check Routing Number

Account Number

Check Number

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**NOTE :** Please verify your information is correct

**Save and Finish Later** **Continue »**

# Online Banking Enrollment

BECU's free Online Banking service allows members to bank online anytime, day or night. View your account history online, make loan and Visa payments, pay bills, transfer funds, apply for loans and much more.

\* Remember this User ID and Password for future access to Online Banking.

## Choose Your User ID and Password

\* User ID

*(alpha-numeric, 6-16 characters, no symbols)*

\* Password

*(case sensitive, alpha-numeric, 6-10 characters, no symbols)*

\* Confirm Password

**NOTE :** Please verify your information is correct

**Skip »**

**Save and Finish Later**

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## Questions?

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# Summary

Your application confirmation number is **4PHG230**. Please retain this number as a record of this application. You will need this number to return to this application later.

## Status

Application Status	Approved 
Confirmation Number	<input type="text"/>

## Account Holder(s)

Primary Applicant
<input type="text"/>

## Deposit Account(s)

Account	Account Number	Amount
Savings	<input type="text"/>	\$5.00

## Services

ATM/Debit MasterCard
----------------------

## Daily Access Limits

ATM Withdrawals	\$ 1000 
Debit Card Transaction	\$ 5000
Provisional Credit Allowance*	\$ 1000

\*The funds made available immediately after deposit has been made before the deposit has been verified or cleared the issuing account.

**NOTE : Please verify your information is correct** 

**Print Deposit Slip** **Switch Services to BECU** **Finish »**

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