Virginia Credit Union

STANDARD MEMBERSHIP & ACCOUNT APPLICATION

See instructions at the bottom

MEMBERSHIP ELIGIBILITY – New Members check one that applies to you.

❒ **State Government -** Agency Name _____ ❒ **Local Government -** Name _____

❒ **Select Employee Group (SEG) -** Company Name_____ ❒ **Vendor/Contractor -** Company Name _____

❒ **College** ❒ Student ❒ Employee - College Name _____ ❒ **Other Eligibility** _____

❒ **Family/Household Member -** Their Name _____ Relationship _____ Phone # ( ) _____

❒ **Eligible Community:** ❒ **City of Richmond** ❒ **City of Petersburg** ❒ **City of Fredericksburg** ❒ **City of Hopewell**

❒ **Prince Edward County/Town of Farmville** ❒ **Buckingham County** ❒ **Nottoway County** ❒ **Cumberland County**

❒ Live ❒ Work ❒ Attend School _____ ❒ Worship Place _____ ❒ Volunteer Place _____

ACCOUNTS AND SERVICES – Check any that apply

❒ New Member ❒ Regular Checking† ❒ Extra Credit Checking† (ages15-22) ❒ Checking Plus† **(†order checks and sign up for overdraft protection on back)**

❒ Regular Savings ❒ Premium Money Market Savings ❒ Premium Plus Money Market Savings

❒ Savings Certificate Term _____ Dividend Payment (check one) ❒ Compound ❒ Pay by check ❒ Credit Account # _____

❒ Debit Card ❒ Savings only ATM Card *(Must be 15 or older. A checking account is required for debit card. If not qualified for debit card, ATM card is issued.)* Check to order additional cards for: ❒ Joint Owner #1 ❒ Joint Owner #2

ACCOUNT OWNERSHIP – Check one

***For Joint or Payable on Death memberships ONLY,** the other Owner shown (joint owner or co-trustee) is classified as Joint Owner with Survivorship. This means that on the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.

❒ Individual - owned by one person ❒ Joint* - joint account with survivorship

❒ Payable on Death (POD) Trust* allows member (Trustee) and if applicable, Co-Trustee to designate beneficiaries. Upon the death of all Trustees, available shares will be split equally among all surviving beneficiaries, except for IRAs with a separate beneficiary designation.

Beneficiary 1 _____	Beneficiary 2 _____	Beneficiary 3 _____
SSN _____ DOB _____	SSN _____ DOB _____	SSN _____ DOB _____

MEMBER/OWNER INFORMATION – application may be denied if all fields are not completed

Legal Name _____ DOB (MM/DD/YYYY) _____

❒ SSN/ITIN_____ E-mail Address _____

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

Are you a: (check one) ❒ US Citizen ❒ Resident Alien ❒ Non-resident Alien Country of Citizenship _____

Physical Address_____ City, State _____ Zip _____

Mailing Address _____ City, State _____ Zip _____

Occupation _____ Employer _____

Are you a college student? No ❒ Yes ❒ School you attend _____

JOINT OWNER 1 INFORMATION – application may be denied if all fields are not completed

Legal Name _____ DOB (MM/DD/YYYY) _____

❒ SSN/ITIN_____ E-mail Address _____

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

Are you a: (check one) ❒ US Citizen ❒ Resident Alien ❒ Non-resident Alien Country of Citizenship _____

Physical Address_____ City, State _____ Zip _____

Mailing Address _____ City, State _____ Zip _____

Occupation _____ Employer _____

Are you a college student? ❒ No ❒ Yes School you attend _____

APPLICATION INSTRUCTIONS

- Complete all applicable parts of this application, front and back. Sign and date on the back.
- **A "member share" deposit of $5 will establish your credit union membership.**
- Include deposits for any other new accounts. Deposit at least $20 to open a checking account.

Virginia Credit Union, Inc.
PO Box 90010, Richmond, VA 23225-9010
(804) 323-6800, (800) 285-6609, www.vacu.org

ALL APPLICANTS CONTINUE, DATE & SIGN ON BACK ⇨

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STANDARD MEMBERSHIP & ACCOUNT APPLICATION

Continued

JOINT OWNER 2 INFORMATION – application may be denied if all fields are not completed

Legal Name _____ DOB (MM/DD/YYYY) _____

❒ SSN/ITIN _____ E-mail Address _____

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

Are you a: (check one) ❒ U.S. Citizen ❒ Resident Alien ❒ Non-resident Alien Country of Citizenship _____

Physical Address _____ City, State _____ Zip _____

Mailing Address _____ City, State _____ Zip _____

Occupation _____ Employer _____

Are you a college student? ❒ No ❒ Yes School you attend _____

FOR CHECKING ACCOUNTS ONLY

❒ **CHECK ORDER FORM — initial box of VACU custom checks.**

Your initial check order will be one box of VACU custom checks printed with your name, address and other owner's name unless changes are noted here:

_____

_____

Check numbers will start with 101 unless noted here: _____

❒ **OVERDRAFT PROTECTION** List the accounts in the order in which you want available funds to be transferred.

	Account Type	Account Number
1.	_____	_____
2.	_____	_____
3.	_____	_____

ADDITIONAL PROGRAMS

Relationship Package: ❒ Level 1 ❒ Level 2 ❒ Level 3 ❒ Level 4 Designate primary checking account # _____

READ THIS IMPORTANT INFORMATION BEFORE SIGNING - If you have any questions, please contact us before signing.

APPLICANTS FOR MEMBERSHIP ONLY - To the Board of Directors: By signing below I hereby: (1) apply for membership; (2) submit my $5 for my one share in the credit union; and (3) request a Member Share account be opened to deposit my $5 share amount. I agree that I will be the sole owner of my Member Share account even if I am applying for other accounts that may be joint.

ALL OWNERS - By signing below, I agree that all accounts, services and/or features opened or provided to me, are subject to all terms and conditions as stated in the: (1) Membership Rules and Regulations Disclosure (which include Rules and Regulations, Funds Availability Disclosure, and Electronic Funds Transfer Disclosure); (2) Rate Disclosure; (3) Account and Fee Disclosure; and; (4) any other disclosure that applies to a specific product, service or feature. I acknowledge VACU provided the aforementioned items/disclosures as applicable and, I agree and accept VACU's right to amend any of these items/disclosures from time to time. In addition, I request that VACU issue a QuikLine PIN (personal identification number) to me for telephone access to allowable accounts and services. I agree that any Owner may request that additional services or features be added to any account for which the Owner is a party. However, completing a revised Account Application and not listing every current owner will not remove an owner from any account or service. An Owner can only be removed from or added to an existing account after every current owner completes a document that is acceptable to VACU authorizing such an Ownership change. My signature below is my continuing authorization for VACU to follow my electronic, written or verbal instructions and I agree that this authorization will remain in effect unless VACU receives written and acceptable instructions to the contrary.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT **-** Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, we may ask for your name, address, date of birth and other information that allows us to identify you. We may also ask to see your driver's license or other identifying documents.

TAX CERTIFICATION: ***Under penalties of perjury, by signing below I certify that: (1) the Social Security or Tax ID Number listed in the Owner Information section, is the correct number for tax reporting purposes; (2) I am not subject to backup withholding under the provisions of the IRS Code; (3) I am a U.S. person or U.S. resident alien; and (4) all information provided is correct. Instruction to signer: if you have been notified by the IRS that you are subject to backup withholding due to a notified payee underreporting and you have not been notified that the backup withholding is terminated, you should strike out the language in clause 2 above. If you are not a U.S. person, cross out clause 3 and complete a W-8BEN.***

The IRS does not require your consent to any provision of this document other than certification required to avoid backup withholding.

_____ _____

Signature of Member, Owner Date Member/CIF #

_____ _____

Signature of Joint Account Owner #1 (if applicable) Date CIF #

_____ _____

Signature of Joint Account Owner #2 (if applicable) Date CIF #

APPLICATION PURPOSE

❒ New Member ❒ Add Service ❒ Add Joint Owner ❒ Change

Account Number	Type
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOR CREDIT UNION USE ONLY:

Date _____

Branch # _____

Employee # _____

FOR BUSINESS DEVELOPMENT USE ONLY:

ID Type _____ **Issue Place** _____ **Issue Date** _____

Exp. Date _____ **ID #** _____