

**ACCOUNT TYPE**

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the account listed below unless the credit union is notified in writing of a change.

	Suffix*		Suffix*
<input type="checkbox"/> Share/Savings	_____	<input type="checkbox"/> Money Market	_____
<input type="checkbox"/> Share Draft/Checking	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Share Certificate	_____	<input type="checkbox"/> Other	_____

\*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

Member No.

**Member/Owner** \_\_\_\_\_

Street \_\_\_\_\_ SSN/TIN \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Passport No. \_\_\_\_\_

Mobile Phone ( ) \_\_\_\_\_ Employment \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail \_\_\_\_\_ Password for Account \_\_\_\_\_

Eligibility for membership \_\_\_\_\_

Employee ID# \_\_\_\_\_

Student ID# \_\_\_\_\_ School \_\_\_\_\_

Other \_\_\_\_\_

**ACCOUNT OWNERSHIP**

Designate the ownership of the accounts and responsibility for the services requested.

- |  |  |
|--|--|
| <input type="checkbox"/> <b>JOINT ACCOUNT WITH SURVIVORSHIP</b> - On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account. | <input type="checkbox"/> <b>JOINT ACCOUNT NO SURVIVORSHIP</b> - On the death of an owner of the account, the deceased owner's interest in the account passes as a part of the owner's estate by will, trust, or intestacy. |
|--|--|

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

**Joint Owner** \_\_\_\_\_

Street \_\_\_\_\_ SSN/TIN \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mobile Phone ( ) \_\_\_\_\_ Employment \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Eligibility for Membership \_\_\_\_\_

School \_\_\_\_\_ Student ID# \_\_\_\_\_

Other \_\_\_\_\_

**Joint Owner** \_\_\_\_\_

Street \_\_\_\_\_ SSN/TIN \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mobile Phone ( ) \_\_\_\_\_ Employment \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Eligibility for Membership \_\_\_\_\_

School \_\_\_\_\_ Student ID# \_\_\_\_\_

Other \_\_\_\_\_

**ACCOUNT DESIGNATIONS**

**Payable on Death (POD) Account**

Payee _____	Payee _____
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____
Payee _____	Payee _____
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____

**VUTMA** (as custodian for \_\_\_\_\_ (name of minor) under the Virginia Uniform Transfers to Minors Act)

Minor's SSN \_\_\_\_\_

Age: 18 or 21 (select one)

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

*Under penalties of perjury, I certify that:*

- (1) The number shown on this form is my correct taxpayer identification number,*
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- (3) I am a U.S. person (including a U.S. resident alien).*

**Certification Instructions.** Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

**SIGNATURES**

By signing below, you certify that the information on this Member Service Card (front and back) is complete, true, and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Member Service Card for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the credit union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to the terms of the following Agreements applicable to the Accounts and Services requested.

- **Membership and Account Agreement.** You acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.
- **Electronic Funds Transfer Agreement.** If an access card or Electronic Funds Transfer (EFT) Service is requested and provided, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

**The Internal Revenue Service does not require your consent to any provision of this Member Service Card other than the certifications required to avoid backup withholding.**

X _____	X _____
Signature                      Date	Signature                      Date
X _____	X _____
Signature                      Date	Signature                      Date

**FOR CREDIT UNION USE ONLY**

Date of Membership \_\_\_\_\_ Opened by \_\_\_\_\_ Verification \_\_\_\_\_

Credit Report     Chex Systems     OFAC     Other