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Richmond, VA 23228
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Get Connected! Fax: (804) 756-5005



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 accounts listed below unless the credit union is notified in writing of a change.

<input type="checkbox"/> Share/Savings	_____	Suffix*	<input type="checkbox"/> Money Market	_____
<input type="checkbox"/> Share Draft/Checking	_____		<input type="checkbox"/> Living Trust	_____
<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/Owner _____	Member No. <input type="text"/>
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone () _____	Date of Birth _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password _____
Work Phone () _____	Employment _____
E-mail _____	
Eligibility for Membership _____	

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.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I /We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

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

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit
- Overdraft Protection (Indicate transfer priority below) _____
- PC Access/Internet Banking _____
- ATM Card _____
- Debit Card _____
- Audio Response _____
- Other _____

ACCOUNT OWNERSHIP

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

- Individual**
- JOINT ACCOUNT - WITH SURVIVORSHIP** 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.
- JOINT ACCOUNT - NO SURVIVORSHIP** 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 _____ Signature X _____
 X _____ X _____
 X _____ X _____

Joint Owner _____ SSN/TIN _____
 Street _____ Driver's Lic. No _____
 City/State/Zip _____ Date of Birth _____
 Home Phone () _____ Password _____
 Listed Unlisted E-mail _____
 Work Phone () _____

Joint Owner _____ SSN/TIN _____
 Street _____ Driver's Lic. No _____
 City/State/Zip _____ Date of Birth _____
 Home Phone () _____ Password _____
 Listed Unlisted E-mail _____
 Work Phone () _____

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account** All accounts Designate specific account(s) _____
- Payee _____ Payee _____
 Street _____ Street _____
 City/State/Zip _____ City/State/Zip _____
- Trust Account** All accounts Designate specific account(s) _____
- Payee _____ Payee _____
 Street _____ Street _____
 City/State/Zip _____ City/State/Zip _____
- Agency** Print name of Agent _____
 Signature _____ (date) _____
- All Accounts Designate specific account(s) _____
- VUTMA** (as custodian for _____ (name of minor) under the Virginia Uniform Transfers to Minors Act) (Age: _____) Minor's SSN _____
- Other** _____ See Account Authorization Card

FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Card
 Date of Membership _____ Opened /App'd by _____ Member Verification _____
 Credit Report Check Verify PIN Request
 Access Card Audio Response PC Access/Internet Banking