

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**
 Prince Edward County/Town of Farmville **Buckingham County** **Nottoway County**
- Live Work Attend School _____ Worship Place _____ Volunteer Place _____

ACCOUNTS AND SERVICES - Check any that apply

- New Member Regular Checking[†] ([†]see back to order checks and sign up for overdraft protection) Checking Plus[†]
- 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 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.)
 Card will be ordered for Authorized Signer. Check to order additional cards for: Authorized Signer #2
- Internet Home Banking Internet Home Banking and: Bill Payer eStatement (online statements)

ACCOUNT OWNERSHIP - Check one

- VIRGINIA UNIFORM TRANSFERS TO MINORS ACT (VUTMA)** - The Minor/Member is not allowed any access to a VUTMA account. As Custodian (Authorized Signer) for (Name of Minor) _____, under the Virginia Uniform Transfers to Minors Act, I request that VUTMA account(s) be established for the Minor and remain as such until the Minor reaches the designated age of 18 or 21 (default is 18 if no age is designated.)
 All transactions must be authorized by Custodian.
- ENTITY** - established on behalf of an Organization, Club or Estate. For Estates, we require the court qualification document and a copy of the death certificate.
What type of entity do you represent? (check one): _____ Organization _____ Club _____ Estate
 Date Entity was formed _____ within the City/County/Agency of _____, State of _____
- ACCOUNTS OWNED BY A LEGAL TRUST** - Established on behalf of a Trust, for example a living Trust. Is this Trust defined as Irrevocable? If so, check here
 Date Trust was formed _____ within the City/County/Agency of _____, State of _____
- LEGAL REPRESENTATIVE** - established for the benefit of a member, but only accessible by an Authorized Signer. Member cannot access or transact on the account. We require a copy of the documents designating the Authorized Signer to act on behalf of the member.
What is your capacity as Authorized Signer (check one): _____ Guardian _____ Custodian _____ Representative

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

- Legal Name _____ DOB (MM/DD/YYYY) _____
- SSN/ITIN/EIN _____ 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 _____

AUTHORIZED SIGNER #1/CUSTODIAN INFORMATION (if applicable) - 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

AUTHORIZED SIGNER #2/CUSTODIAN INFORMATION (if applicable) - 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 _____

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 # _____

*Entity accounts are not eligible.

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

AUTHORIZED SIGNERS ONLY - Unless otherwise a member, to the Board of Directors, on behalf of the member, I hereby: (1) apply for membership; (2) submit the \$5 for one share in the credit union; and (3) request a Member Share account be opened to deposit the member's \$5 share amount. I attest that the member is the sole owner of any account opened with this application. Further, by signing below, I agree that all accounts, services and/or features opened for or provided to the member, 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 and I agree to 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 attest that I am legally authorized to act on behalf on the designated member. I understand and agree that VACU may allow any Authorized Signer designated on this application to singularly act on behalf of the member and that VACU accepts no fiduciary responsibility other than as a depository of funds. I agree to notify VACU immediately of any changes that may impact this member and the member's relationship with VACU, including but are not limited to: a change in address, removal of an Authorized signer, etc. 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 for the Member is the correct number for tax reporting purposes; (2) the member is not subject to backup withholding under the provisions of the IRS Code; (3) the member is 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 the member is subject to backup withholding due to 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. Cross out item 3 and complete a W-8BEN if the member is not U.S. person.

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

		APPLICATION PURPOSE	
		<input type="checkbox"/> New Member	<input type="checkbox"/> Add Service
		<input type="checkbox"/> Add Joint Owner	<input type="checkbox"/> Change
		Account Number	Type
Signature of Authorized Signer #1 (if applicable)	Date	_____	_____
_____	_____	_____	_____
Signature of Authorized Signer #2 (if applicable)	Date	_____	_____
_____	_____	_____	_____
Minor's CIF #		_____	_____
_____		_____	_____

FOR CREDIT UNION USE ONLY:

Date _____

Branch # _____

Employee # _____

FOR BUSINESS DEVELOPMENT USE ONLY:

ID Type _____ Issue Place _____ Issue Date _____

Exp. Date _____ ID # _____