



See instructions at the bottom

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

Form with checkboxes for State Government, Local Government, Select Employee Group (SEG), Vendor/Contractor, College, Other Eligibility, Family/Household Member, and 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). Includes options for Live, Work, Attend School, Worship Place, and Volunteer Place.

ACCOUNTS AND SERVICES – Check any that apply

Form with checkboxes for New Member, Regular Checking, Checking Plus, Regular Savings, Premium Money Market Savings, Premium Plus Money Market Savings, Savings Certificate, Debit Card, Savings only ATM Card, Internet Home Banking, and eStatement. Includes a note about overdraft protection and joint ownership.

ACCOUNT OWNERSHIP – Check one

Form with checkboxes for Individual, Joint, and Payable on Death (POD) Trust. Includes a detailed note about POD trusts and beneficiary designations. Includes fields for Beneficiary 1, 2, and 3 with SSN and DOB.

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

Form for member/owner information including Legal Name, SSN/ITIN, E-mail Address, Home Phone, Cell Phone, Work Phone, Country of Citizenship, Physical Address, Mailing Address, Occupation, and School attendance.

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

Form for joint owner 1 information including Legal Name, SSN/ITIN, E-mail Address, Home Phone, Cell Phone, Work Phone, Country of Citizenship, Physical Address, Mailing Address, Occupation, and School attendance.

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

## 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.

APPLICATION PURPOSE		
<input type="checkbox"/> New Member	<input type="checkbox"/> Add Service	<input type="checkbox"/> Add Joint Owner
<input type="checkbox"/> Change Account Number	<input type="checkbox"/> Change Type	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## FOR CREDIT UNION USE ONLY:

Date \_\_\_\_\_

Branch # \_\_\_\_\_

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

## FOR BUSINESS DEVELOPMENT USE ONLY:

ID Type \_\_\_\_\_ Issue Place \_\_\_\_\_ Issue Date \_\_\_\_\_

Exp. Date \_\_\_\_\_ ID # \_\_\_\_\_