

**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 Savings**  **Premium Money Market Savings**  **Premium Plus Money Market Savings**  
 **Regular Checking**<sup>†</sup>  **Extra Credit Checking**<sup>†</sup> (ages 13-22\*)  **Checking Plus**<sup>†</sup>  **Enhanced Benefit Checking**<sup>†</sup>  **Other** \_\_\_\_\_<sup>†</sup>  
 (†Order checks and sign up for overdraft protection on back. Applicants under the age of 15 must have a joint owner on the account.)  
 **Savings Certificate Term** \_\_\_\_\_ **Dividend Payment (check one)**  **Compound**  **Credit Account #** \_\_\_\_\_

**Debit Card** (Age restrictions apply) 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 _____ SSN _____ DOB _____	Beneficiary 2 _____ SSN _____ DOB _____	Beneficiary 3 _____ SSN _____ DOB _____
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**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, \$5 for a savings account.

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

**ALL APPLICANTS CONTINUE, DATE & SIGN ON BACK** ➡

**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)  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 specialty checks.**

Your initial check order will be one box of VACU specialty 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. _____	_____

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

**AGREEMENT.** By signing or otherwise authenticating, I accept that Virginia Federal Credit Union (VACU) accounts, services and/or features are subject to VACU policies as well as terms and conditions stated in: (1) Membership Rules and Regulations; (2) Funds Availability Disclosure; (3) Electronic Funds Transfer Disclosure; (4) Privacy Policy; (5) Rate Disclosure; and (6) Account and Fee Disclosure. I agree to any and all such policies and disclosures, as well as VACU's right to amend such, and I will notify VACU immediately if I do not receive any disclosure. 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 (or authorized party) may singularly request services or features be added or modified on any account to which the person is a party. If an Authorized Signer, I attest that I am legally authorized to act on behalf of the member. My signature or authentication is my 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. I authorize VACU to obtain my consumer report and, to use such report for determining eligibility for any product, account or service.

**APPLICANT FOR MEMBERSHIP ONLY.** To the Board of Directors, I as member (or on behalf of the member): (1) apply for membership; (2) submit \$5 towards one share in the credit union; (3) request a Member Share account be opened to deposit the share; and (4) agree that the Member Share account is only owned by the member regardless of any other jointly-owned account.

**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	
Signature of Member, Owner	Date	Member/CIF #	<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
Signature of Joint Account Owner #1 (if applicable)	Date	CIF #	_____
Signature of Joint Account Owner #2 (if applicable)	Date	CIF #	_____

**FOR CREDIT UNION USE ONLY:**

Date \_\_\_\_\_

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

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

**FOR BUSINESS DEVELOPMENT USE ONLY:**

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

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