

**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>** ☐ **Checking Plus<sup>†</sup>** ☐ **Enhanced Benefit Checking<sup>†</sup>** (\*see back to order checks and sign up for overdraft protection)  
☐ **Other** \_\_\_\_\_<sup>†</sup>  
☐ **Savings Certificate** Term \_\_\_\_\_ ☐ **Dividend Payment (check one)** ☐ **Compound** ☐ **Credit Account #** \_\_\_\_\_  
☐ **Debit Card (Age restrictions apply.)** Card will be ordered for Authorized Signer #1. Check to order additional cards for: ☐ **Authorized Signer #2**

**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 \_\_\_\_\_

☐ **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** \_\_\_\_\_ 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, \$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 ➡**

**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 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:

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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
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**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 of Virginia Federal Credit Union, 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 of 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.

Signature of Authorized Signer #1 \_\_\_\_\_ Date \_\_\_\_\_

CIF #

Signature of Authorized Signer #2 (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

CIF #

Minor's CIF #

## APPLICATION PURPOSE

☐ New Member ☐ Add Service ☐ Add Joint Owner ☐ Change  
Account Number Type

\_\_\_\_\_

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\_\_\_\_\_

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**FOR CREDIT UNION USE ONLY:**

Date \_\_\_\_\_

Branch #

Employee #

**FOR BUSINESS DEVELOPMENT USE ONLY:**

ID Type	Issue Place	Issue Date
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
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100	100	100

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