



ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: _____

Member/Owner:

Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility:
Employer:	Employer's Address:

ACCOUNT OWNERSHIP

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

Individual Joint Account With Rights of 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 Without Rights of Survivorship - On the death of an owner of the account, the deceased owner's interest in the account passes to the owner's estate by will, trust or intestacy.

Signature Member/Owner X _____	Signature Member/Owner X _____
Signature Joint Owner X _____	Signature Joint Owner X _____
Signature Joint Owner X _____	Signature Joint Owner X _____
Signature Joint Owner X _____	Signature Joint Owner X _____

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

ACCOUNT DESIGNATIONS

<input type="checkbox"/> Payable on Death (POD) Account	<input type="checkbox"/> All Accounts	<input type="checkbox"/> Designate Specific Accounts _____
Payee: _____	Payee: _____	
Street: _____	Street: _____	
City/State/Zip: _____	City/State/Zip: _____	
<input type="checkbox"/> Agency Print Name of Agent: _____	Signature: _____	Date: _____
	<input type="checkbox"/> All Accounts	<input type="checkbox"/> Designate Specific Accounts _____
<input type="checkbox"/> Other:		<input type="checkbox"/> See Account Authorization Card

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 unless the Credit Union is notified in writing of a change.

<input type="checkbox"/> Share/Savings: _____	Suffix	<input type="checkbox"/> Money Market: _____	Suffix
<input type="checkbox"/> Share Draft/Checking: _____		<input type="checkbox"/> HSA: _____	
<input type="checkbox"/> Share Certificate/Certificate: _____		<input type="checkbox"/> Other: _____	

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit:	
<input type="checkbox"/> Audio Response:	
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):	
<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:	
<input type="checkbox"/> Other:	

UTMA CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "ACCOUNT TYPE" section is/are held by:

Custodian 1: Name: Address: Phone: DOB: SSN/TIN:	Custodian 2: Name: Address: Phone: DOB: SSN/TIN:
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as custodian(s) for _____ (Minor), _____ (Minor's SSN/TIN) _____ (Minor's Age)
 under the Virginia Uniform Transfers to Minors Act.

UTMA DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Virginia Uniform Transfers to Minors Act, I hereby designate:

successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.

X	X
Signature of Custodian	Date
Date	Witness
Date	Date

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 (or I am waiting for a number to be issued),

(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 Disclosure, 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 agreements 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 Fund Transfers Agreement and Disclosure. *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	Date
Date	Signature
Date	Date
X	X
Signature	Date
Date	Signature
Date	Date

FOR CREDIT UNION USE ONLY		<input type="checkbox"/> See Account Change Card	<input type="checkbox"/> See Insurance Beneficiary Card
Date of Membership:	Opened/App'd by:	Member Verification:	
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request	
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking	