VIRGINIA Credit Union.

STANDARD MEMBERSHIP & ACCOUNT APPLICATION

See instructions at the bottom

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MEMBERSHIP ELIGIBILITY – New Member	s check one that app	olies to you.		
☐ State Government - Agency Name		J Local Government - Nan	ne	
☐ Select Employee Group (SEG) - Company Name	=	Vendor/Contractor - Con	npany 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 Fredericksbur	g 🗖 City of Hopewel	I
☐ Prince Edward County/Town of Farmville ☐	Buckingham County	☐ Nottoway County	☐ Cumberland Co	unty
☐ Live ☐ Work ☐ Attend School		lace		
ACCOUNTS AND SERVICES - Check any t	that apply			
☐ New Member ☐ Regular Savings ☐ Premium Mor	ney Market Savings 🛭 Pr	emium Plus Money Market	Savings	
☐ Regular Checking [†] ☐ Extra Credit Checking [†] (ages	13-22*)	† 🗖 Enhanced Benefit Ch	necking [†]	†
(†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 Payme	ent (check one)	und		
☐ Debit Card (Age restrictions apply.) Check to order addition	onal cards for: 🗖 Joint Ow	vner #1	2	
ACCOUNT OWNERSHIP – Check one				
For Joint or Payable on Death memberships ONLY, that on the death of a party to the account, the deceased	he other Owner shown (join d party's ownership in the ac	t owner or co-trustee) is cla ecount passes to the survivi	ssified as Joint Owner with S ng party or parties to the acc	Survivorship. This means count.
☐ Individual - owned by one person ☐ Joint - joint	account with survivorship			
☐ Payable on Death (POD) Trust allows member (Trustowill be split equally among all surviving beneficiaries,				rustees, available shares
Beneficiary 1 I	Beneficiary 2		Beneficiary 3	
SSN DOB \$	SSN	DOB	SSN)OB
MEMBER/OWNER INFORMATION – applica	ation may be denied	if all fields are not co	ompleted	
Legal Name		DOB (MN	//DD/YYYY)	
☐ SSN/ITIN	E-mail Address			
Home Phone () Cel	Il Phone ()	W	/ork Phone ()	
Are you a: (check one) 🗖 US Citizen 🏻 🗖 Resident Alien	☐ Non-resident Alien	Country of Citizenship		···
Physical Address		City, State	e	Zip
Mailing Address		City, State	e	Zip
Occupation	Emplo	oyer		
Are you a college student? No 🗆 Yes 🗀 School you at	ttend			
IOINT OWNER 4 INFORMATION - andicast	ion more bo domind if	all fields are not son	onlote d	
JOINT OWNER 1 INFORMATION – applicat			-	
Legal Name				
SSN/ITIN	E-mail Address			
Home Phone () Cel	Il Phone ()	W	/ork Phone ()	
Are you a: (check one) \square US Citizen \square Resident Alien	■ Non-resident Alien	Country of Citizenship		
Physical Address		City, State	e	Zip
Mailing Address		City, State	e	Zip
Occupation	Emplo	oyer		
Are you a college student?	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



Date____ Branch #__

Employee # _____

STANDARD MEMBERSHIP & ACCOUNT APPLICATION

Continued

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egal Name		DOB (MM/DD/YYYY	")
SSN/ITIN			
		Work Phone	
re you a: (check one) 🗖 US Citizen 🔲 Resident Alier	n 🗖 Non-resident Alien	Country of Citizenship	
Physical Address			
failing Address		City, State	Zip
ccupation	En	nployer	
re you a college student? 🔲 No 🗇 Yes School you	u attend		
OR CHECKING ACCOUNTS ONLY			
CHECK ORDER FORM — initial box of VAC	U specialty checks.	☐ OVERDRAFT PROTECT in which you want available fun	
Your initial check order will be one box of VACU spec your name, address and other owner's name unless		1	Account Number
Check numbers will start with 101 unless noted here:		2	
Check numbers will start with 101 unless noted here.	•	3	
GREEMENT. By signing or otherwise authenticating, I a olicies as well as terms and conditions stated in: (1) Mer I) Privacy Policy; (5) Rate Disclosure; and (6) Account a uch, and I will notify VACU immediately if I do not receivelephone access to allowable accounts and services. I an any account to which the person is a party. If an Author uthentication is my authorization for VACU to follow my acceives written and acceptable instructions to the contra	accept that Virginia Federa mbership Rules and Regu and Fee Disclosure. I agre- e any disclosure. I reques agree that any Owner (or a prized Signer, I attest that electronic, written or verba	al Credit Union (VACU) accounts, services a llations; (2) Funds Availability Disclosure; (3 e to any and all such policies and disclosure it that VACU issue a QuikLine PIN (persona authorized party) may singularly request ser I am legally authorized to act on behalf of that al instructions and I agree that this authorized	and/or features are subject to VACU B) Electronic Funds Transfer Disclosur es, as well as VACU's right to amend al identification number) to me for vices or features be added or modifient member. My signature or ation will remain in effect unless VACU
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AGREEMENT. By signing or otherwise authenticating, I a policies as well as terms and conditions stated in: (1) Mer 4) Privacy Policy; (5) Rate Disclosure; and (6) Account a puch, and I will notify VACU immediately if I do not receive elephone access to allowable accounts and services. I a purity and account to which the person is a party. If an Author authentication is my authorization for VACU to follow my eleceives written and acceptable instructions to the contraproduct, account or service. APPLICANT FOR MEMBERSHIP ONLY. To the Board of the interpretation in the credit union; (3) request a Member Share acceptable regardless of any other jointly-owned account. MPORTANT INFORMATION ABOUT PROCEDURES are cord information that identifies each person who open	accept that Virginia Federa mbership Rules and Regu and Fee Disclosure. I agre- e any disclosure. I reques gree that any Owner (or a prized Signer, I attest that electronic, written or verba iry. I authorize VACU to ob- of Directors, I as member (account be opened to depos- fer OPENING A NEW A as an account. When you	al Credit Union (VACU) accounts, services a lations; (2) Funds Availability Disclosure; (3 e to any and all such policies and disclosure it that VACU issue a QuikLine PIN (persona authorized party) may singularly request ser I am legally authorized to act on behalf of the instructions and I agree that this authorization my consumer report and, to use such our or on behalf of the member): (1) apply for no sit the share; and (4) agree that the Member ACCOUNT - Federal law requires all finance open an account, we may ask for your narest the share in the share of the share and the share and the share and the share are account, we may ask for your narest the share in the share and the share are share and the share and the share are shared as a share and the share are shared as a s	and/or features are subject to VACU b) Electronic Funds Transfer Disclosu es, as well as VACU's right to amend al identification number) to me for vices or features be added or modifie ne member. My signature or ation will remain in effect unless VAC report for determining eligibility for an membership; (2) submit \$5 towards or r Share account is only owned by the cial institutions to obtain, verify and
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GREEMENT. By signing or otherwise authenticating, I a oblicies as well as terms and conditions stated in: (1) Mer III Privacy Policy; (5) Rate Disclosure; and (6) Account a cuch, and I will notify VACU immediately if I do not receive belephone access to allowable accounts and services. I am any account to which the person is a party. If an Author uthentication is my authorization for VACU to follow my exceives written and acceptable instructions to the contrated of the contrate	accept that Virginia Federa mbership Rules and Reguland Fee Disclosure. I agree any disclosure. I requestigree that any Owner (or a prized Signer, I attest that electronic, written or verbary. I authorize VACU to obtain a prized Signer, I at the structure of Directors, I as member (account be opened to deposit of Directors, I as member (account be opened to deposit of Directors). I am national satisfaction of the satisfact	al Credit Union (VACU) accounts, services a lations; (2) Funds Availability Disclosure; (3 e to any and all such policies and disclosure that VACU issue a QuikLine PIN (persona authorized party) may singularly request ser I am legally authorized to act on behalf of that instructions and I agree that this authorized to act on behalf of the instructions and I agree that this authorized to on behalf of the member): (1) apply for not in the share; and (4) agree that the Member open an account, we may ask for your nareanse or other identifying documents. (1) the Social Security or Tax ID Number to backup withholding under the process of the share of the social security or the social s	and/or features are subject to VACU B) Electronic Funds Transfer Disclosures, as well as VACU's right to amend al identification number) to me for vices or features be added or modifience member. My signature or ation will remain in effect unless VACI report for determining eligibility for any membership; (2) submit \$5 towards or r Share account is only owned by the cial institutions to obtain, verify and me, address, date of birth and other consistency in the listed in the Owner Information posisions of the IRS Code; (3) I am a notified by the IRS that you are keep withholding is terminated, you V-8BEN.
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GREEMENT. By signing or otherwise authenticating, I a olicies as well as terms and conditions stated in: (1) Mer III Privacy Policy; (5) Rate Disclosure; and (6) Account a uch, and I will notify VACU immediately if I do not receive belephone access to allowable accounts and services. I am any account to which the person is a party. If an Author uthentication is my authorization for VACU to follow my deceives written and acceptable instructions to the contrated or duct, account or service. PPLICANT FOR MEMBERSHIP ONLY. To the Board of the mare in the credit union; (3) request a Member Share act the member regardless of any other jointly-owned account. MPORTANT INFORMATION ABOUT PROCEDURES are act in the credit union; (3) request a Member share act in the credit union; (3) request a Member Share act in the credit union; (3) request a Member Share act in the credit union; (4) request a member regardless of any other jointly-owned account. MPORTANT INFORMATION ABOUT PROCEDURES are active to the account of the correct number for tax reporting purp action, is the correct number for tax reporting purp action, is the correct number for tax reporting purp action, is the correct number for tax reporting purp action, is the correct number for tax reporting purp action, is the correct number for tax reporting purp action, is the correct number for tax reporting purp action, is the correct number for tax reporting purp action, is the correct number for tax reporting purp action, is the correct number for tax reporting purp action, is the correct number for tax reporting purp action. The language in clause 2 above. If the IRS does not require your consent to any provising part and the language in clause 2 above. If the IRS does not require your consent to any provising part and the language in clause 2 above. If the IRS does not require your consent to any provising part and the language in clause 2 above. If the IRS does not require your consent to any provising part and the language in clause 2 above. If the IRS does no	accept that Virginia Federa mbership Rules and Reguland Fee Disclosure. I agrees any disclosure. I requestigate that any Owner (or a prized Signer, I attest that electronic, written or verbary. I authorize VACU to obtain the properties of Directors, I as member (account be opened to deposit an account. When you ask to see your driver's liching below I certify that tooses; (2) I am not subject to provided is corrected underreporting and you are not a U.S. persons in the provided in the provided is corrected.	al Credit Union (VACU) accounts, services a lations; (2) Funds Availability Disclosure; (3 e to any and all such policies and disclosure at that VACU issue a QuikLine PIN (persona authorized party) may singularly request ser a method and a	and/or features are subject to VACU b) Electronic Funds Transfer Disclosu es, as well as VACU's right to amend al identification number) to me for vices or features be added or modifie ne member. My signature or ation will remain in effect unless VAC report for determining eligibility for an membership; (2) submit \$5 towards or r Share account is only owned by the cial institutions to obtain, verify and me, address, date of birth and other er listed in the Owner Information ovisions of the IRS Code; (3) I am n notified by the IRS that you are kup withholding is terminated, you V-8BEN. PLICATION PURPOSE Add Service Add Joint Owner Char
READ THIS IMPORTANT INFORMATION B AGREEMENT. By signing or otherwise authenticating, I a policies as well as terms and conditions stated in: (1) Mer 4) Privacy Policy; (5) Rate Disclosure; and (6) Account a such, and I will notify VACU immediately if I do not receive elephone access to allowable accounts and services. I a on any account to which the person is a party. If an Author authentication is my authorization for VACU to follow my receives written and acceptable instructions to the contra product, account or service. APPLICANT FOR MEMBERSHIP ONLY. To the Board of share in the credit union; (3) request a Member Share accementer regardless of any other jointly-owned account. IMPORTANT INFORMATION ABOUT PROCEDURES record information that identifies each person who open information that allows us to identify you. We may also a IAX CERTIFICATION: Under penalties of perjury, by sign rection, is the correct number for tax reporting purp J.S. person or U.S. resident alien; and (4) all informa subject to backup withholding due to a notified paye schould strike out the language in clause 2 above. If y The IRS does not require your consent to any provise Bignature of Joint Account Owner #1 (if applicable)	accept that Virginia Federa mbership Rules and Reguland Fee Disclosure. I agree e any disclosure. I requestigree that any Owner (or a prized Signer, I attest that electronic, written or verbary. I authorize VACU to obtain the properties of Directors, I as member (account be opened to deposit of Directors, I a	al Credit Union (VACU) accounts, services a lations; (2) Funds Availability Disclosure; (3 e to any and all such policies and disclosure at that VACU issue a QuikLine PIN (persona authorized party) may singularly request ser I am legally authorized to act on behalf of the linstructions and I agree that this authorized to aim my consumer report and, to use such our on behalf of the member): (1) apply for not it the share; and (4) agree that the Member open an account, we may ask for your narrowness or other identifying documents. Example 11 the Social Security or Tax ID Number to backup withholding under the prost. Instruction to signer: if you have been out have not been notified that the backon, cross out clause 3 and complete a Verther than certification required to avoid the process of	and/or features are subject to VACU b) Electronic Funds Transfer Disclosur es, as well as VACU's right to amend al identification number) to me for vices or features be added or modifie ne member. My signature or ation will remain in effect unless VACU report for determining eligibility for any membership; (2) submit \$5 towards on r Share account is only owned by the cial institutions to obtain, verify and me, address, date of birth and other er listed in the Owner Information ovisions of the IRS Code; (3) I am a n notified by the IRS that you are kup withholding is terminated, you V-8BEN. PLICATION PURPOSE Add Service Add Joint Owner Chan

ID Type _____ Issue Place ___ Issue Date____

Exp. Date _____ ID # ____