

Membership Application Account Card

WHITE RIVER CREDIT UNION

PO Box 419
Rochester, VT 05767
(802) 767-3333

PO Box 177
Bethel, VT 05032
(802) 234-9232

40 Pinnacle Rd.
Randolph, VT 05060
(802) 728-9228

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

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

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:	Member #:
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Physical Address-Street/City/State/Zip:	_____
Mailing Address-Street/City/State/Zip:	_____
Home Phone:	SSN/TIN:
Cell Phone:	Driver's Lic. #:
Work Phone :	Date of Birth:
Employer's Name:	Occupation:
E-Mail:	Mother's Maiden Name:

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), and**
- (2) I am not subject to backup withholding because: (a) I am exempt from 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. citizen or other US person. For federal tax purposes you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in regulations section 301.7701-7).**
- (4) The FATCA codes entered on this form (if any) indicating that I am exempt from FATCA reporting is correct**

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. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By signing below, you 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. You acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested. If an access card or EFT service is requested and provided, you agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. You also agree: a) that the Credit Union may obtain your credit report for the purposes of verifying the information on this Account Card, determining your eligibility for the account, credit or service(s) noted on this Account Card and identifying additional Credit Union products and services to offer to you; b) that the Credit Union may obtain your credit report at a later time for the purposes of reviewing and collecting on the account, credit or service(s) noted on this Account Card; c) that the Credit Union may tell others about its credit experience with you and obtain information from others about your credit history and performance. **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 Signature Date
X _____ X _____
Signature Date Signature Date

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit Overdraft Protection (indicate transfer priority below)
 Debit Card
 Internet Banking Other

ACCOUNT OWNERSHIP

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

Individual **Joint Account With Rights of Survivorship** **Joint Account Without Rights of Survivorship**

Joint Owner _____

Physical Address-Street/City/State/Zip: _____
Mailing Address-Street/City/State/Zip: _____
Home Phone: _____ SSN/TIN: _____
Cell Phone: _____ Driver's Lic. #: _____
Work Phone: _____ Date of Birth: _____
Employer's Name: _____ Occupation: _____
E-Mail: _____ Mother's Maiden Name: _____

Joint Owner _____

Physical Address-Street/City/State/Zip: _____
Mailing Address-Street/City/State/Zip: _____
Home Phone: _____ SSN/TIN: _____

Cell Phone:	Driver's Lic. #:
Work Phone :	Date of Birth:
Employer's Name:	Occupation:
E-Mail:	Mother's Maiden Name:

Payable on Death (POD) Trust Account All accounts Designate specific account(s): _____

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
SSN:	SSN:
Date of Birth	Date of Birth

Other _____ See Account Authorization Card

CREDIT UNION USE ONLY

QC by/Date: _____

Date of Membership: _____ Open/App'd by : _____ Address Verification: _____

Membership Eligibility: _____

Related Member Number: _____ Relationship: _____

TeleCheck Number: _____ OFAC Internet Banking