



12626 Nettles Drive
Newport News, VA 23606
(757) 930-2425

MEMBER APPLICATION

MEMBER NAME	LAST	FIRST	MI	ACCOUNT NO.	DATE: _____
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ACCOUNT TYPE	<input type="checkbox"/> Share Savings	<input type="checkbox"/> Share Draft/Checking	<input type="checkbox"/> Lootowl
	<input type="checkbox"/> Holiday/Christmas Club	<input type="checkbox"/> Summer Reserve/Vacation Club	<input type="checkbox"/> Other _____
	<input type="checkbox"/> All-Purpose Club	<input type="checkbox"/> Certificate (Term) _____	
	<input type="checkbox"/> Money Market	<input type="checkbox"/> IRA (Type) _____	

ACCOUNT SERVICES	<input type="checkbox"/> VECU Moneylink	<input type="checkbox"/> ATM Card	<input type="checkbox"/> MS Money	<input type="checkbox"/> Overdraft Protection Transfer Priority _____
	<input type="checkbox"/> Webloan	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Other: _____	
	<input type="checkbox"/> E-Statements	<input type="checkbox"/> EARS		

MEMBER INFORMATION	STREET			DATE OF BIRTH
	CITY/STATE/ZIP			
	SSN/TIN		DRIVER'S LIC. NO.	
	HOME PHONE		WORK PHONE	
	EMPLOYMENT			
	MOTHER'S MAIDEN NAME		EMAIL	
	ELIGIBILITY FOR MEMBERSHIP			

ACCOUNT OWNERSHIP	DESIGNATE THE OWNERSHIP OF THE ACCOUNTS AND RESPONSIBILITY FOR THE SERVICES REQUESTED			
	<input type="checkbox"/> Individual	<input type="checkbox"/> JOINT ACCOUNT-WITH 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.	<input type="checkbox"/> JOINT ACCOUNT-NO SURVIVORSHIP - On the death of an owner of the account, the deceased owner's interest in the account passes as a part of the owner's estate by will, trust, or intestacy.	
	JOINT OWNER NAME #1 LAST FIRST MI			
	STREET			DATE OF BIRTH
	CITY/STATE/ZIP			
	SSN/TIN		DRIVER'S LIC. NO.	
	HOME PHONE		WORK PHONE	
	EMPLOYMENT			
	MOTHER'S MAIDEN NAME		EMAIL	
	JOINT OWNER NAME #2 LAST FIRST MI			
	STREET			DATE OF BIRTH
	CITY/STATE/ZIP			
	SSN/TIN		DRIVER'S LIC. NO.	
	HOME PHONE		WORK PHONE	
	EMPLOYMENT			
MOTHER'S MAIDEN NAME		EMAIL		




CREDIT UNION USE ONLY	Opened/Approved by _____	Credit Report <input type="checkbox"/>	Certegy: _____	Beacon: _____
	E-Note Expiration: _____		ID in Optical <input type="checkbox"/>	

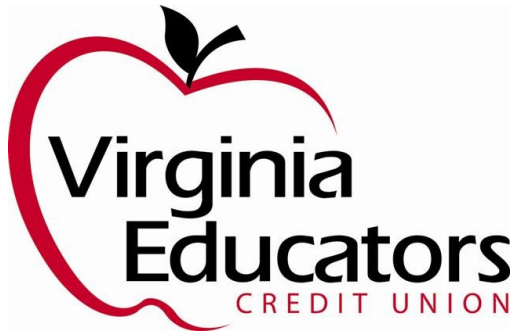
ACCOUNT DESIGNATIONS	<input type="checkbox"/> PAYABLE ON DEATH (POD) ACCOUNT	
	PAYEE	PAYEE
	STREET	STREET
	CITY/STATE/ZIP	CITY/STATE/ZIP
	<input type="checkbox"/> TRUST ACCOUNT	
	TRUSTEE	TRUSTEE
	STREET	STREET
	CITY/STATE/ZIP	CITY/STATE/ZIP
	<input type="checkbox"/> VUTMA (as custodian for _____ (name of minor) under the Virginia Uniform Transfers to Minors Act) (Age: _____) Minor's SSN _____	
	<input type="checkbox"/> Other	Nature of Owner <small>See Account Authorization Agreement</small>

Would you like to receive E-Mail promotions from VECU? Yes No

TIN CERTIFICATION & BACKUP WITHHOLDING INFORMATION	<p>By signing below, I certify, in accordance with the IRS W-9 instructions provided by Virginia Educators' Credit Union and under penalties of perjury, that the Social Security number (SSN)/Taxpayer Identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.</p> <p> <input type="checkbox"/> I am subject to backup withholding <input type="checkbox"/> I am not a United States citizen or resident (Complete W-8 form) <input type="checkbox"/> Exempt </p>
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AUTHORIZATION	<p>By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment Virginia Educators' Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement 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 Funds Transfer Agreement. If VECU Moneylink is requested and approved, I agree to the VECU Moneylink Terms and Conditions. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</p>
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MEMBER SIGNATURE	DATE
	
JOINT OWNER SIGNATURE	DATE
	
JOINT OWNER SIGNATURE	DATE
	



MEMBER IDENTIFICATION PROGRAM (MIP) AUTHORIZATION

USA Patriot Act of 2001, Section 326, requires Virginia Educators' Credit Union to verify the information that you give us to open your account. By signing below, you are giving us authorization to verify the required information under the USA Patriot Act.

I understand that a consumer credit report from Equifax Credit Information Services will be obtained, before accepting application for membership, for verification purposes.

Equifax Credit Information Service
P.O. Box 740241
Atlanta, GA 30374-0241
800-685-5099

Applicant's Signature _____

Current Address _____

SSN: _____ Date of Birth: _____

Co-Applicant's Signature _____

Current Address _____

SSN: _____ Date of Birth: _____

Date: _____ Staff Int. _____