

## Account Card

MEMBER APPLICATION AND OWNERSHIP INFORMATION		Member No:
<b>Member/Owner:</b>		
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 <b>X</b> _____	Signature Member/Owner <b>X</b> _____
Signature Joint Owner <b>X</b> _____	Signature Joint Owner <b>X</b> _____
Signature Joint Owner <b>X</b> _____	Signature Joint Owner <b>X</b> _____
Signature Joint Owner <b>X</b> _____	Signature Joint Owner <b>X</b> _____

<b>Joint Owner:</b>		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:

<b>Joint Owner:</b>		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:

<b>Joint Owner:</b>		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

**Payable on Death (POD) Account**   
  All Accounts   
  Designate Specific Accounts \_\_\_\_\_  
 Payee: \_\_\_\_\_ Payee: \_\_\_\_\_  
 Street: \_\_\_\_\_ Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Agency**    Print Name of Agent: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 All Accounts     Designate Specific Accounts \_\_\_\_\_

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

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority.):

ATM Card:  Debit Card:

PC Access/Internet Banking:

Other:

**UTMA CUSTODIAL DESIGNATION AND INFORMATION**

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

Custodian 1:	Custodian 2:
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
DOB: _____	DOB: _____
SSN/TIN: _____	SSN/TIN: _____

(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 Witness 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), and*  
 (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. citizen or other U.S. 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 code(s) 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. 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) \_\_\_\_\_

**CONSENT TO CONTACT**

**BY SIGNING BELOW, YOU AUTHORIZE Connects Federal Credit Union TO DELIVER OR CAUSE TO BE DELIVERED TO YOU AT THE TELEPHONE NUMBERS PROVIDED ABOVE, ADVERTISING AND TELEMARKETING CALLS AND TEXT MESSAGE(S) USING AN AUTOMATIC TELEPHONE DIALING SYSTEM AND/OR AN ARTIFICIAL OR PRERECORDED VOICE. YOU ARE NOT REQUIRED TO SIGN THIS AUTHORIZATION OR ENTER INTO THIS AGREEMENT AS A CONDITION OF PURCHASING ANY PROPERTY, GOODS OR SERVICES. You may withdraw the consent provided herein at any time by any reasonable means.**

Signature _____ Date _____ <b>X</b>	Signature _____ Date _____ <b>X</b>
Signature _____ Date _____ <b>X</b>	Signature _____ Date _____ <b>X</b>

By executing this Account Card, you agree we and/or our third-party providers, including debt collectors, may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e. cell phone numbers) which could result in charges to you, in order to service your account or collect any amounts owed to us, excluding any contacts for advertising and telemarketing purposes as prescribed by law. You further agree methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. You may withdraw the consent to be contacted on your wireless telephone number(s) by any reasonable means. If you have provided a wireless telephone number(s) on or in connection with any account, you represent and agree you are the wireless subscriber or customary user with respect to the wireless telephone number(s) provided and have the authority to give this consent. Furthermore, you agree to notify us of any change to the wireless telephone number(s) which you have provided to us.

In order to help mitigate harm to you and your account, we may contact you on any telephone number associated with your account, including a wireless telephone number (i.e. cell phone number), to deliver to you any messages related to suspected or actual fraudulent activity on your account, data security breaches or identity theft following a data breach, money transfers or any other exigent messages permitted by applicable law. These contacts will not contain any telemarketing, cross-marketing, solicitation, advertising, or debt collection message of any kind. The contacts will be concise and limited in frequency as required by law. You will have an opportunity to opt-out of such communications at the time of delivery.

**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.**

Signature	Date
<b>X</b>	

Signature	Date
<b>X</b>	

Signature	Date
<b>X</b>	

Signature	Date
<b>X</b>	

**FOR CREDIT UNION USE ONLY**

See Account Change Card

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