



Membership Application

Account # _____

Branch/Phone Password _____

Accounts

New members must open at least one non-club/savings account in addition to the required Primary Savings.

| | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Primary Savings | <input type="checkbox"/> Secondary Savings | <input type="checkbox"/> Valley Free Checking | <input type="checkbox"/> Valley Gold Checking |
| <input type="checkbox"/> Christmas Club | <input type="checkbox"/> Cookie Jar Club | <input type="checkbox"/> Summer Pay <i>(for 10-month school employees only)</i> | |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> Share Certificate | | |
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> ROTH IRA | <input type="checkbox"/> Education Savings Account | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Account Services

All services are subject to credit union approval and restrictions.

| | | | |
|---|---|--|--|
| All Accounts | | | |
| <input type="checkbox"/> eValley Online & Mobile Access | <input type="checkbox"/> eStatements | <input type="checkbox"/> Member Connect Phone Access | |
| <input type="checkbox"/> Payroll Deduction / Direct Deposit | <input type="checkbox"/> Free Loan Payment Review | | |
| Checking Services | | Valley Free Checking with eValley Services | |
| <input type="checkbox"/> Debit Card & System PIN | | <input type="checkbox"/> Bill Payer+ | |
| <input type="checkbox"/> Member Privilege Overdraft Protection | | <input type="checkbox"/> Mobile Deposit | |
| <input type="checkbox"/> Savings Overdraft Protection (1) # _____ | | (2) # _____ (3) # _____ | |

Account Ownership

- Individual
- Joint Account with Survivorship *(On the death of the account owner, the deceased's interest in the account passes to the surviving owner(s) of the account.)*
- Joint Account with No Survivorship *(On the death of the account owner, the deceased's interest in the account passes as part of the owner's will, trust, or intestacy.)*
- Other *(See reverse.)*

| | | | |
|---|------------------|------------------------|-----------|
| Full Name | | | |
| Physical Address <i>(required)</i> | | | |
| | | | |
| City | State | Zip | |
| Mailing Address <i>(if different from above)</i> | | | |
| City | State | Zip | |
| Email <i>(required for all online and mobile services)</i> | | | |
| Home Phone | Work Phone | Mobile Phone | |
| <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ | | | |
| No. # | State or Country | Issue Date | Exp. Date |
| Date of Birth | | Social Security Number | |
| Employer | | Membership Eligibility | |
| How did you hear about us? | | | |

Joint Owner(s) Information

If there are more than two joint owners, attach a separate application.

| | | | |
|---|------------------|------------------------|-----------|
| Full Name | | | |
| Physical Address | | | |
| | | | |
| City | State | Zip | |
| Home Phone | Work Phone | Mobile Phone | |
| <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ | | | |
| No. # | State or Country | Issue Date | Exp. Date |
| Date of Birth | | Social Security Number | |
| Full Name | | | |
| Physical Address | | | |
| | | | |
| City | State | Zip | |
| Home Phone | Work Phone | Mobile Phone | |
| <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ | | | |
| No. # | State or Country | Issue Date | Exp. Date |
| Date of Birth | | Social Security Number | |

Payable on Death (POD)

The following pay-on-death payee(s) shall receive the proceeds of my accounts in equal and undivided shares upon my death and the death of all joint owners unless different percentages are designated below.

| | | | |
|----------------|------|---------|-----|
| Percentage (%) | Name | Address | SSN |
| Percentage (%) | Name | Address | SSN |

Account Designations

Power of Attorney Documents Received
 _____ By initialing, I understand that it is my responsibility to notify RVCCU of any changes made to my Power of Attorney documents.

| | | |
|---|--|-----------------------------------|
| POA Name | Address | SSN |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> State ID Card | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Other | _____ | |
| No. # | State or Country | Issue Date |
| Exp. Date | | |

| | | |
|---|--|-----------------------------------|
| POA Name | Address | SSN |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> State ID Card | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Other | _____ | |
| No. # | State or Country | Issue Date |
| Exp. Date | | |

Representative Payee Documents Received

| | | |
|---|--|-----------------------------------|
| Rep. Name | Address | SSN |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> State ID Card | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Other | _____ | |
| No. # | State or Country | Issue Date |
| Exp. Date | | |

TIN/SSN Certification and Backup Withholding Information

Under penalties of perjury, I certify that

- The information provided on this application is my true and correct identity information.
- The number shown on this form is my correct taxpayer identification number,
- 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.
- 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 Agreement and Disclosures applicable to the accounts and services requested herein. If an access card of EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____

Other Authorized Signature _____ Date _____

| | |
|--|---|
| <p>Notary Information</p> <p>State of _____ County of _____ City/Town of _____</p> <p>This person named hereon personally came before me and signed above on this, the _____ day of _____, 20____.</p> <p>My commission expires on _____, 20____.</p> <p>Notary Signature _____</p> <p>Printed Name _____</p> | <p>For Credit Union Use Only</p> <p>Date of Membership _____ By _____</p> <p>OFAC Primary _____ Joint _____ Joint _____ By _____</p> <p>Credit Score Primary _____ Joint _____ Joint _____ By _____</p> <p>Telecheck Primary _____ Joint _____ Joint _____ By _____</p> <p>Check Card # _____ Exp _____</p> <p>Joint Card # _____ Exp _____</p> <p>Joint Card # _____ Exp _____</p> <p>Deluxe Date _____ By _____</p> <p>Cruise Date _____ By _____</p> <p>Elan Date _____ By _____</p> <p>Management Approval Date _____ By _____</p> <p>Board Approval Date _____ By _____</p> |
|--|---|