



WHITE RIVER CREDIT UNION
 Po Box 419 PO Box 177
 Rochester, VT 05767 Bethel, VT 05032
 (802) 767-3333 (802) 234-9232

**MEMBERSHIP
 APPLICATION - ACCOUNT
 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 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"/> Living Trust	_____
<input type="checkbox"/> Share Certificate	_____	<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/Owner:	Account #:
Street _____	SSN/TIN _____
City/Street/Zip _____	Driver's Lic. No. _____
Home Phone () _____	Date of Birth _____
Work Phone () _____	Mother's Maiden Name _____
Employment _____	E-Mail _____
Eligibility for Membership _____	

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.**
 (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. 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 Rate and Fee Schedule, 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 or 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.**

X _____ Signature Date	X _____ Signature Date
X _____ Signature Date	X _____ Signature Date

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit _____ Overdraft Protection (indicate transfer priority below)
- ATM/Debit Card _____
- Audio Response _____ Other _____
- PC Access/Internet Banking _____ Other _____

ACCOUNT OWNERSHIP

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

The account(s) is a Joint Owner

With Survivorship

Without Survivorship

Joint Owner: If required by the Credit Union, removal of a Joint Owner requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth on the reverse side. This relinquishment does not affect my/our obligation on any loan account(s).

Joint Owner _____

Street _____

SSN/TIN _____

City/Street/Zip _____

Driver's Lic. No. _____

Home Phone () _____

Date of Birth _____

Work Phone () _____

Mother's Maiden Name _____

Employment _____

E-Mail _____

Joint Owner _____

Street _____

SSN/TIN _____

City/Street/Zip _____

Driver's Lic. No. _____

Home Phone () _____

Date of Birth _____

Work Phone () _____

Mother's Maiden Name _____

Employment _____

E-Mail _____

ACCOUNT DESIGNATIONS

**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 _____

Agency Print Name of Agent _____

Signature _____ (date) _____

All Accounts Designate specific account(s) _____

Other _____ See Account Authorization Card

CREDIT UNION USE ONLY See Account Authorization Card See Account Authorization Card

Date of Membership _____ Open/App'd by _____ Member Verification Document Info _____

Credit Report Check Verify PIN Request _____

Access Card Audio Response PC Access/Internet Banking _____