

Account No.

Member Application and Information

First Name	M.I.	Last Name
SSN/TIN	Driver's Lic. No.	Birthdate
Address		
City,State,Zip		Mother's Maiden Name
Home Phone ()	Work Phone ()	Cell Phone ()
Email Address	Employer	
Work Location -Office Address		

Eligibility (Check One)	<input type="checkbox"/> Washington County,Va.	<input type="checkbox"/> Johnson County,Tn.
	<input type="checkbox"/> Immediate family member or household member of eligible member	<input type="checkbox"/> Other: _____

Accounts and Services						
<input type="checkbox"/> Savings (required to join)	<input type="checkbox"/> Christmas Club	<input type="checkbox"/> Shares Certificates	1 yr	2 yr	3 yr	4 yr 5 yr
Other						
\$5 minimum deposit to savings to open membership		\$5000 minimum Shares Certificate Deposit				

Account Ownership		
Designate the ownership of the accounts and the responsibility for the services requested		
<input type="checkbox"/> Single Party	<input type="checkbox"/> Multiple Party with Survivorship- On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owners of the account.	<input type="checkbox"/> Multiple Party without Survivorship- On the death of an owner of the account, the deceased owner's interest in the account passes as part of the owner's estate by will, trust or intestacy.

Joint Account Owner (1)	
Name	SSN/TIN
Driver's Lic. No.	D.O.B.
Address	City,State,Zip
Home Phone ()	Email Address
Mother's Maiden Name	
Signature	Date
Joint Account Owner (2)	
Name	SSN/TIN
Driver's Lic. No.	D.O.B.
Address	City,State,Zip
Home Phone ()	Email Address
Mother's Maiden Name	
Signature	Date

Account Designations	
<input type="checkbox"/> Beneficiary	<input type="checkbox"/> All Accounts
<input type="checkbox"/> Designate	<input type="checkbox"/> Specific Account(s)
(1) Payee/Beneficiary:	(2) Payee/Beneficiary:
Address:	Address:
<input type="checkbox"/> UTTMA/UGMA (as custodian for (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN	

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN/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.

I am subject to backup withholding

I am not a United States citizen or resident (complete W-8 or W-8 BEN form)

Exempt

AUTHORIZATION

By signing below, you certify that the information on this Account Card is complete, true, and submitted for purpose of obtaining the accounts and services requested. You agree (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Account Card for the purposes of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to terms of the following Agreements address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to terms of the following Agreements applicable to the Accounts and Services requested.

Membership and Account Agreement. You acknowledge receipt and 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.

Electronic Funds Transfer Agreement. If an access card or Electronic Funds Transfer (EFT) Service is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification above.

X	Signature	Date	X	Signature	Date
X	Signature	Date	X	Signature	Date

CREDIT UNION USE ONLY

<input type="checkbox"/> See Account Card	<input type="checkbox"/> See Insurance Beneficiary Card	
Date of membership:	Opened/App'd by	Member Verification
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verified	<input type="checkbox"/> Audio Response

Mail to: WJC Federal Credit Union P.O. Box 841 Damascus, Va. 24236	Fax to: WJC Federal Credit Union (276)475-3412
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