



Membership Application



All of the terms, conditions, form of account ownership, account selection and other information indicated on this Application apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Type of Ownership (Select one)

INDIVIDUAL - This ownership may be selected if you are currently not applying for the Educational Student Credit Card.

JOINT - This ownership is required for all minors under the age of 21 years old **electing to open an Educational Student Credit Card**. *Must have parent/guardian as joint account applicant holder.*

Account/Services Opened (Select one or more)

STUDENT VISA CREDIT CARD*
 This financial product is the most important offering of the financial education component of the student credit union program. Signing up for this product will help teach you financial responsibility, help you begin building good credit, and prepare you to manage your finances and credit before graduating high school.
**If under 21 years old, must have parent/guardian as joint account applicant holder and fill out section on reverse side of this form.*

Select Other Accounts:

Share Savings* - \$5 min. required deposit Checking Account

Money Market Savings VISA Debit/ATM Card

Share Certificate Direct Deposit - payroll and recurring government checks can be deposited directly into your credit union account.

* Required for Credit Union membership

Primary Account Holder (Please print clearly)

_____ Last Name (As it appears on your ID card)	_____ Student ID Number	_____ Employer Name
_____ First, Middle (As it appears on your ID card)	_____ Social Security #	Length of Employment: Years ___ Months ___
_____ Street	_____ Birth Date	_____ Work Phone # - Extension
_____ City	_____ Driver's License (if applicable)	_____ Occupation
_____ State, Zip	_____ Mother's Maiden Name	If applying for Educational Student Credit Card, complete the following:
_____ E-Mail Address	_____ Home Phone #	_____ Monthly Salary
_____ Text Message Email Address	_____ Cell Phone #	_____ Previous Employer (if less than 24 months)
		_____ Work Phone # - Extension

Joint Account Holder (Please print clearly)

_____ Last Name (As it appears on your ID card)	_____ Social Security #	_____ Employer Name
_____ First, Middle (As it appears on your ID card)	_____ Birth Date	Length of Employment: Years ___ Months ___
_____ Street	_____ Driver's License (if applicable)	_____ Work Phone # - Extension
_____ City	_____ Mother's Maiden Name	_____ Occupation
_____ State, Zip	_____ Home Phone #	If applying for Educational Student Credit Card, complete the following:
___ Own ___ Rent # Years at this Address ___	_____ Cell Phone #	_____ Monthly Salary
_____ E-Mail Address		_____ Previous Employer (if less than 24 months)
		_____ Work Phone # - Extension

Overdraft Coverage Option:

I/We authorize the Credit Union to cover overdrafts in my Checking/Savings Account by automatically transferring the necessary funds from my: Share Savings Money Market Other Accounts _____

POD (Payable on Death (optional))

Upon the death of the individual owner, or if help in joint tenancy upon death of the survivor, funds in the accounts covered by this application will be payable to the individual(s) named below. If no percentages are shown, distribution will default to equal division.

Name _____ Percentage _____

Complete Address _____

Name _____ Percentage _____

Complete Address _____

Name _____ Percentage _____

Complete Address _____

Student VISA Credit Card Application

Only complete this section if you selected Student VISA Credit Card on the reverse side.

LIMIT REQUESTED*: \$250 \$500 \$750 \$1,000

* Approval for the amount requested will be based upon credit qualifications of the co-applicant/parent

Online Credit Responsibility Class

I would like my child to complete the online Credit Responsibility Class. Only after his/her completion of this 30 minute module and test will my child be issued the Student VISA Credit Card product. Yes No

I **authorize** BVCU to obtain a credit check. To the best of my/our knowledge, the information provided on this application is a complete and true statement. **Parent/Co-Applicant must initial** _____

Are you interested in having your VISA Credit Card balance protected? Yes No

If you answer "yes", then the credit union will disclose the cost of this voluntary payment to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

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),
- (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. 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.

Account 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 Funds 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.**

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

Credit Union Use Only

See Account Change Card See Insurance Beneficiary Card

Date of Membership: _____

_____ Credit Report

_____ Audio Response

Opened /App'd by: _____

_____ Access Card

_____ PIN Request

Account # _____

_____ Check Verify

_____ PC Access/Internet Banking