



# 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
- Money Market Savings
- Share Certificate
- Checking Account
- VISA Debit/ATM Card
- 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	<b>If applying for Educational Student Credit Card, complete the following:</b>
_____ 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 #	<b>If applying for Educational Student Credit Card, complete the following:</b>
_____ Own ___ Rent ___ # Years at this Address ___	_____ Cell Phone #	_____ Monthly Salary
_____ E-Mail Address		_____ Previous Employer (if less than 24 months)
		_____ Work Phone # - Extension

Continued on back side

### 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 \_\_\_\_\_