Henrico
Federal Credit Union
www.henricofcu.org
9401 West Broad St
Richmond, VA 23294-5331

ACCOUNT CARD

Member No:

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:	
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: ☐ Listed ☐ Unlisted	Date of Birth:
Work Phone:	Mother's Maiden Name:
E-mail:	Employer:
Membership Eligibility:	Employer's Address:

ACCOUNT OWNERSHIP

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

☐ **Individual**

☐ **Joint Account With Survivorship** - On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.

Signature X _____
Signature X _____
Signature X _____

☐ **Joint Account Without Survivorship** - On the death of an owner of the account, the deceased owner's interest in the account passes to the owner's estate by Will, trust or intestacy.

Signature X _____
Signature X _____
Signature X _____

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: ☐ Listed ☐ Unlisted	Mother's Maiden Name:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: ☐ Listed ☐ Unlisted	Mother's Maiden Name:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: ☐ Listed ☐ Unlisted	Mother's Maiden Name:
Work Phone:	E-mail:

ACCOUNT DESIGNATIONS

☐ **Payable on Death (POD) Account**

Payee:	Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
SSN/TIN:	SSN/TIN:
Date of Birth:	Date of Birth:

☐ **Trust Account**

Payee:	Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:

☐ **Agency** Print Name of Agent: _____

Signature _____ Date: _____

☐ **Other:** ☐ See Account Authorization Card

D11011 (DVABJ0) 03/29/2007

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 unless the credit union is notified in writing of a change.

	Suffix*		Suffix*
☐ Share/Savings:	_____	☐ Money Market:	_____
☐ Share Draft/Checking:	_____	☐ Other:	_____
☐ Share Certificate/Certificate:	_____	☐ Other:	_____

*The account number for each of the accounts listed consists of the suffix number added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section . If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

☐ Payroll Deduction/Direct Deposit:

☐ Audio Response:

☐ Overdraft Protection (Indicate transfer priority.):

☐ ATM Card: | ☐ Debit Card:

☐ PC Access/Internet Banking:

☐ Other:

UTMA CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "ACCOUNT TYPE" section is/are held by:

Custodian 1:	Custodian 2:
Name:	Name:
Address:	Address:
Phone:	Phone:
DOB:	DOB:
SSN/TIN:	SSN/TIN:

as custodian(s) for (Minor), (Minor's SSN/TIN) under the Virginia Uniform Transfers to Minors Act.

UTMA DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Virginia Uniform Transfers to Minors Act, I hereby designate:

successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.

X		X	
Signature of Custodian	Date	Witness	Date

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 US. 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 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 Transfer 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		X	
Signature	Date	Signature	Date
X		X	
Signature	Date	Signature	Date

FOR CREDIT UNION USE ONLY ☐ **See Account Change Card** ☐ **See Insurance Beneficiary Card**

Date of Membership:	Opened/App'd by:	Member Verification:
☐ Credit Report	☐ Check Verify	☐ PIN Request
☐ Access Card	☐ Audio Response	☐ PC Access/Internet Banking