



# CREDIT UNION OF VERMONT

Welcome to Your Credit Union!

6 South Main Street, Rutland, Vermont, 05701-4152

<https://cuvermont.com/>

The Credit Union for Federal, State, School, Municipal, and County Employees.

## MEMBERSHIP APPLICATION & ACCOUNT CARD

MEMBER NUMBER (to be assigned by credit union) \_\_\_\_\_

### ACCOUNT TYPES & SERVICES:

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

Suffix\*

- Savings \_\_\_\_\_
- Checking \_\_\_\_\_
- Money Market \_\_\_\_\_
- Term Certificate \_\_\_\_\_
- Other \_\_\_\_\_

- Debit Card
- Internet Banking (email address required below)
- Overdraft Protection
- Payroll Deduction/Direct Deposit
- Other \_\_\_\_\_

\* To be assigned by credit union.

\* The account number for each of the accounts listed consists of the suffix number added to the end of your Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

### PRIMARY OWNER OF ACCOUNT:

I am eligible for membership through my:

- Employer      Employer Name \_\_\_\_\_
- Family member      Family Member Name \_\_\_\_\_

Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/State/Zip+4 \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_

SSN/TIN \_\_\_\_\_  
 Driver's Lic. No./State \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_  
 Email Address \_\_\_\_\_  
(The credit union will email you monthly that you can log on to Internet banking to retrieve your member statement)

### TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION:

By signing below, I certify under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (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 failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding, and that I am, unless designated below, a U.S. person (including a U.S. resident alien).

- I am subject to backup withholding
- Exempt
- I am not a U.S. Citizen or resident (complete form W-8)
- I am **not** subject to backup withholding

### AUTHORIZATION

The Credit Union will provide you with your Membership and Account Agreement and all necessary disclosures upon the opening of your account. By signing below and opening an account or by using a service, you acknowledge receipt of, and 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. You acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If a Debit or other access card or EFT service is requested and provided by the credit union, and used by the member, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. If Overdraft Protection is requested, and provided by the credit union, and used by the member, you agree to the terms of and acknowledge receipt of the Loanliner Credit Agreement, and the Loanliner Addendum. You also agree: a) that the Credit Union may obtain your credit report for the purposes of verifying the information on this Account Card, determining your eligibility for the account, credit or service(s) noted on this Account Card and identifying additional Credit Union products and services to offer to you; b) that the credit union may obtain your credit report at a later time for the purposes of reviewing and collection on the account, credit or service(s) noted on the Account Card; c) that the Credit Union may tell others about its credit experience with you and obtain information from others about your credit history and performance. 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 \_\_\_\_\_  
Primary Owner Signature      Date

x \_\_\_\_\_  
Joint Owner Signature      Date

x \_\_\_\_\_  
Joint Owner Signature      Date

x \_\_\_\_\_  
Joint Owner Signature      Date



**If you are submitting your Membership Application & Account Card by mail please provide us with a notarized copy (enlarged) of your photo driver's license as required by our USA PATRIOT ACT Customer Identification Program.**

Your savings federally insured to at least \$100,000 and backed by the full faith and credit of the United States Government

# NCUA

National Credit Union Administration, a U.S. Government Agency

**ACCOUNT OWNERSHIP**

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

- Individual
- Joint Account with Survivorship

**Joint Owner 1: (If applicable)**

Name _____	SSN/TIN _____
Street _____	Driver's Lic. No./State _____
City/State/Zip+4 _____	Date of Birth _____
Home Phone _____	Mother's Maiden Name _____
Work Phone _____	Email Address _____

**Joint Owner 2: (If applicable)**

Name _____	SSN/TIN _____
Street _____	Driver's Lic. No./State _____
City/State/Zip+4 _____	Date of Birth _____
Home Phone _____	Mother's Maiden Name _____
Work Phone _____	Email Address _____

**Joint Owner 3: (If applicable)**

Name _____	SSN/TIN _____
Street _____	Driver's Lic. No./State _____
City/State/Zip+4 _____	Date of Birth _____
Home Phone _____	Mother's Maiden Name _____
Work Phone _____	Email Address _____

**ACCOUNT DESIGNATIONS**

- Payable on Death / Trust Account
- All Accounts
- Designate Specific Accounts: \_\_\_\_\_

Beneficiary _____	Beneficiary _____
Street _____	Street _____
City/State/Zip+4 _____	City/State/Zip+4 _____
Home Phone _____	Home Phone _____

Beneficiary _____	Beneficiary _____
Street _____	Street _____
City/State/Zip+4 _____	City/State/Zip+4 _____
Home Phone _____	Home Phone _____

- UGMA (as custodian for \_\_\_\_\_ (minor) under the Uniform Gifts to Minors Act)  
Minor's TIN/SSN \_\_\_\_\_
- See Account Authorization Card

**FOR CREDIT UNION USE ONLY**

Date of Membership \_\_\_\_\_ Opened by \_\_\_\_\_ Member Verification \_\_\_\_\_