



Viriva

Your financial partner... for life.

888-7-VIRIVA • VIRIVA.COM

MEMBERSHIP APPLICATION & AGREEMENT

Account Number

Membership

A primary share savings account solidifies Your membership with Viriva Community Credit Union. This account type is provided upon becoming a member with Us.

Please mail Your completed application, initial minimum deposit of \$5.00, and a copy of Your valid Government or State issued ID to 7346 Frankford Avenue, Philadelphia, PA 19136. You may also fax Your completed application and a copy of Your valid Government or State issued ID to: 215-333-7201.

Please indicate Your membership eligibility by selecting one of the appropriate options below:

You work for: (Employer Name) _____, an affiliated partner of Viriva Community Credit Union. Hire Date: _____
Employees of affiliated partners may be eligible for special offers. Ask a member service representative for details.

You reside, work, worship, volunteer, study, or own a business/commercial entity in: (i) Bucks County; (ii) Delaware County; (iii) Montgomery County; or Philadelphia County.

You are a family member of an existing member: Family Member Name: _____

How did You hear about Viriva Community Credit Union? _____

Account Types/Service

Please indicate which of the following Deposit Account(s), Services and Loan(s) that You would like to establish at this time.

Deposit Accounts:

Checking (Share Draft): Please indicate if You would like to receive complimentary starter checks; Yes; No

Secondary Share Savings (Name Your Own Account) Account Name: _____ Money Market Draft

Convenience Product:

Mastercard® Debit Card

Please indicate below the type of credit for which You also wish to apply:

(married applicants can apply for individual credit - indicate if You would like: joint credit; or individual credit)

Loans:

Amount Requested

\$ _____ Vehicle Share Secured Signature Personal Line of Credit

Other Products of Interest

Please indicate below which of the following loan and/or investment products for which You would like additional information:

Loans:

Mastercard® Credit Card First Mortgage

Home Equity Line of Credit Fixed Home Equity

Investment Accounts:

Individual Retirement Account Educational Savings Account

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account.

What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

Primary Member Information

Sex: Male Female I do not wish to provide this information (about Sex)

Social Security Number	First Name	Middle Name	Last Name	Birth Date
Address	Apt/Box Number	City	State	Zip
Annual Gross Income	Email Address	Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Home Phone	Work Phone & Extension	Cell Phone	Preferred Contact Method	Driver's License/State ID Number

Joint Owner Information

Sex: Male Female I do not wish to provide this information (about Sex)

Social Security Number	First Name	Middle Name	Last Name	Birth Date
Address	Apt/Box Number	City	State	Zip
Annual Gross Income	Email Address	Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Home Phone	Work Phone & Extension	Cell Phone	Preferred Contact Method	Driver's License/State ID Number

Additional Terms And Conditions

You hereby authorize Us to recognize any of the signatures subscribed in this Agreement, the payment of funds or the transaction of any business for the Accounts. The joint owners of the Accounts hereby agree with each other and with Us that all sums now, whenever paid into the Accounts by any or all of the joint owners to the credit of the joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge Us from any liability for such payment. Any or all of the joint owners may pledge all or any part of the shares in the Accounts as collateral security to a loan or loans. The right or authority of the Credit Union under this Agreement shall not be changed or terminated by said owners or any of them except by written notice to Us, which shall not affect transactions made prior to such notice. Checks cashed against this Account are subject to collectability from this Account if returned unpaid.

Joint Ownership Agreement (Not Transferable)

Viriva Community Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this Account. The joint owners of the Account hereby agree with each other and with Viriva Community Credit Union that all sums now deposited in share accounts, or heretofore or hereafter deposited in share accounts by any or all said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge Viriva Community Credit Union from any liability for such payment. The joint owners also agree to be bound by the terms of the appropriate Account agreements and disclosures which have been provided.

Important IRS Information

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) You are exempt from FATCA reporting.

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

CERTIFICATION IF AWAITING NUMBER

Under penalties of perjury, You certify: (1) that a taxpayer identification number has not been issued to You (or the minor beneficiary if the Account is established under the Uniform Gift/Transfer to Minors Act), and that You mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or You intend to mail or deliver an application in the near future); and (2) that You are not subject to backup withholding.

You understand that if You do not provide a taxpayer identification number to the Credit Union within 60 days, the Credit Union is required to withhold 28 percent of all reportable payments thereafter made to You until You provide a number.

Request to Receive Electronic Documentation

If this box is checked (i.e.) , You are requesting that We provide documentation to You electronically according to the Consent to Receive Electronic Documentation provision of Your Agreements and Disclosures (which You acknowledge that You have read, understand and agree to its terms).

Signatures

You hereby apply for membership with Viriva Community Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. You further authorize any person, association, firm, corporation, personnel office or credit reporting agency to furnish, upon Our request, information concerning Your employment, credit standing and financial responsibility.

By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Viriva Community Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application is a joint application, any liability created by the use of Your Account is joint and several. In addition to establishing a primary share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Viriva Community Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

If You have applied for credit, You hereby acknowledge Your intent to apply for joint credit _____
Applicant's Initials Joint Applicant's Initials

Applicant's (Primary Member) Signature Date Joint Owner's Signature Date

Credit Union Use Only

Account Number	Date Open	Open By: <input type="checkbox"/> Mail <input type="checkbox"/> In-Person <input type="checkbox"/> Online <input type="checkbox"/> Business Development
Branch Code <input type="checkbox"/> 1 WR <input type="checkbox"/> 2 NE <input type="checkbox"/> 3 CC <input type="checkbox"/> 4 SP <input type="checkbox"/> 5 LN	Member Service Representative Name	Member Service Representative Signature
<input type="checkbox"/> New Account <input type="checkbox"/> Replacement Account - Previous Account No. _____ <input type="checkbox"/> Additional Share Account - Existing Account No. _____		



Federally Insured By NCUA

