

**BECOME A
MEMBER
TODAY!**

Membership Application

To join Viriva Community Credit Union, complete and return this application along with: (1) an initial deposit of at least \$5.00 to open your Share/Savings account; and (2) a clear copy of valid photo identification (Driver's License, Passport, etc.)

www.viriva.com • 888-7-VIRIVA • 215-333-1201 (local)



Viriva
Community Credit Union
Your financial partner... for life.

ATTN: Businesses—additional information is required.

Account Information

Please print legibly and use blue or black ink.

1

Primary Accountholder: (Please check one) Mr. Mrs. Ms.

Business Account Name: _____ EIN (if applicable) _____

First Name: _____ M.I. _____ Last Name: _____ Suffix (Jr./III, etc.): _____

Birth Date: _____ Social Security #: _____ Gender: Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Driver's License # _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Mobile/Cell Phone: _____

Name and Address of Employer: _____

_____ Start Date: _____

Employment income \$ _____ per _____ Other income \$ _____ per _____ Net Gross Source

Notice: alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

Joint Owner Information

2

Joint Accountholder: (Please check one) Mr. Mrs. Ms. Other _____

First Name: _____ M.I. _____ Last Name: _____ Suffix (Jr./III, etc.): _____

Birth Date: _____ Social Security #: _____ Gender: Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Driver's License # _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Mobile/Cell Phone: _____

Name and Address of Employer: _____

_____ Start Date: _____

Employment income \$ _____ per _____ Other income \$ _____ per _____ Net Gross Source

Notice: alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

Relationship to Primary Accountholder: _____

Membership Eligibility

3

Account Eligibility:

I affirm that I am eligible to join Viriva Community Credit Union on the basis that I:

Live Work Worship Volunteer Attend School Own a Business Am a Legal Entity in:

Bucks Delaware Montgomery Philadelphia County, PA at: _____ (employer, church, school, etc.)

OR I am an immediate family member of; **OR** I reside in the household of: _____ (Current Member)

Membership Services

4

Statement Options:

I prefer to receive my statements in the following format: Electronic statements Print Statements

Email Address for e-Statements: _____

When you sign up for e-statements, you will be automatically enrolled in Home Financial Services, which is a free, secure online account access program. The email address of the Primary Accountholder will be used for statement notifications unless stated otherwise above.

I would also like to apply for and/or open the following accounts/services (check all that apply):

Basic Checking Account (\$0 minimum balance)

Electronic Bill Payment (free for 3 months; then free when you pay at least one bill per month via EBP)

Overdraft Line of Credit (Requires a loan application/copy of recent pay stub. Please complete the loan section on the top of page 2.)

Please send me a Checking Account Switch Kit (or use our online Switch Kit at www.viriva.com)

ATM/Debit Card

- Touch Tone Teller (D.A.N.A.) **Choose PIN:** (Please DO NOT SELECT letters Q and Z or the last 4 digits of your SSN) _____
- Holiday Club Vacation Club Share Certificate: \$ _____ ; Term in months (circle one) 6 12 24 36 48 60
- Loan (if you are applying for a loan, **please submit a copy of a recent pay stub**):

Loan Purpose: _____ Loan Amount Requested: \$ _____

Own Rent Live with Parent/Other Length of Residence: _____ Monthly Housing Payment: \$ _____

Account Management

5 Direct Deposit / Payroll Deduction of your paycheck or government issued check:

Contact the agency through which your check is issued, provide the credit union's ABA/Routing Number of 236083655, along with your credit union account number, which will be issued upon receipt of your membership application, and the amount you'd like deposited/deducted.

Share to Share Transfer:

You may automatically transfer funds from your Savings or Checking Account (eg. loan, checking, etc.) to any other savings account type. Please indicate how you would like your deduction allocated:

Transfer #1: \$ _____ from Savings Checking (*check one*) to _____ (e.g. Loan, Checking, etc.)

Transfer #2: \$ _____ from Savings Checking (*check one*) to _____ (e.g. Loan, Checking, etc.)

How often?: (*check one*)

Weekly Biweekly Semi-Monthly Please specify _____ Monthly beginning on: ____ / ____ / ____

Please contact the Phone Center for additional transfers.

How You Found Us!

6 How did you hear about the credit union?

Branch Signage (identify branch): _____ Web site (please specify - eg. search engine): _____

Advertisement (e.g. radio, newsp - please specify): _____ Referred by (name): _____

Other (please specify): _____ Employer: _____

Signatures

7 Signatures:

BACKUP WITHHOLDING INFORMATION

(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 clause 2 of the certification you sign below.)

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under the penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number; (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding and; (3) that I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. By signing this card, I authorize the credit union to obtain credit reports and/or Chex Systems inquiries in connection with this application for membership, services and/or credit, and for update, renewal or extension of the credit received, if applicable. If I request, the credit union will tell me the name and address of any bureau from which it received a credit report on me.

I hereby make application for membership in the credit union named below, and agree to conform to its bylaws and amendments thereof, copies of which are available for my review, and to subscribe for at least one (1) share.

By signing this application I/we hereby confirm that I/we have received, read, understand and agree to abide by, and be subject to, the disclosures provided, including the Checking Account Agreements & Disclosures, ATM Agreements & Disclosures, DANA Agreements & Disclosures, Loan Application Disclosures, Electronic Services Agreement and Disclosure, Authorization to Receive Electronic Documentation, Internet Home Banking Agreement and Disclosure, and the Online Home Banking and Electronic Bill Payment Agreement.

Except for VISA® and Real Estate secured loans/line of credit, I/we understand and agree that I/we will be charged a \$5.00 Loan Application Fee payable in connection with this application for credit. If I/we have not elected to apply for a loan by checking the appropriate box in Section 4, this fee does not apply. If any credit is extended in connection with this application, such fee will be refunded at that time. If not enclosed, I/we authorize Viriva Community Credit Union to deduct this fee from my/our Share and/or Share Draft/Checking Account.

Primary Signature _____ Date _____

Joint Signature _____ Date _____

CREDIT UNION USE ONLY

ACCOUNT NUMBER: _____ Date Opened _____ Opened by: Mail In Person

Branch Code _____ MSR NAME: _____ USER2: _____ SF _____

Please confirm if this is a New Acct. Replacement Acct. Previous Acct. # _____ Additional Share Acct.

Membership Officer Signature _____ Date _____ OFAC Check Date: _____

VIRIVA COMMUNITY CREDIT UNION
1423 Spruce Street • Philadelphia, PA 19102

