

VANTRIA

FEDERAL CREDIT UNION
6708 BACKLICK ROAD
P.O. BOX 5098

SPRINGFIELD, VA 22150-5098 ACCOUNT TYPE

ACCOUNT CARD

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

Form with checkboxes for account types: Share/Savings, Share Draft/Checking, Share Certificate, Money Market, Other. Includes fields for Suffix\*.

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

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Form for member application including fields for Member No., Street, City/State/Zip, Home Phone, Work Phone, E-mail, SSN/TIN, Driver's Lic. No., Date of Birth, Password, Employment, and Eligibility for Membership.

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,
(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.

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

Signature and date lines for authorization, including fields for Signature and Date.

ACCOUNT SERVICES

Form for account services including checkboxes for Payroll Deduction/Direct Deposit, Overdraft Protection, PC Access/Internet Banking, ATM Card, Debit Card, Audio Response, and Other.

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.
Individual, JOINT ACCOUNT WITH SURVIVORSHIP, JOINT ACCOUNT NO SURVIVORSHIP

Signature lines for account ownership, including fields for Signature X.

Form for Joint Owner information including fields for SSN/TIN, Street, City/State/Zip, Home Phone, Work Phone, Driver's Lic. No., Date of Birth, Password, and E-mail.

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ACCOUNT DESIGNATIONS

Form for Account Designations including checkboxes for Payable on Death (POD) Account and Trust Account, with fields for Payee, Street, and City/State/Zip.

Form for Trust Account including fields for Payee, Street, and City/State/Zip.

Form for Agency including fields for Print name of Agent and Signature (date).

Form for VUTMA (as custodian for Virginia Uniform Transfers to Minors Act) including fields for name of minor and Minor's SSN.

Other field with checkbox for See Account Authorization Card.

FOR CREDIT UNION USE ONLY section including checkboxes for See Account Change Card, See Insurance Beneficiary Card, Credit Report, Check Verify, PIN Request, Access Card, Audio Response, and PC Access/Internet Banking.