



Chesterfield Federal Credit Union

SOLUTIONS FOR ALL YOUR FINANCIAL NEEDS

Membership Form

Primary Member Name

Member Number

Please open the following accounts:

- Share Savings (Required)
- Christmas Club
- Second Savings
- Checking
- Vacation Club
- Second Checking
- Money Market Checking
- Design Your Own Club
- Other _____
- IRA

Owner Information

Address: _____

SSN/TIN: _____ Driver's License No: _____

Date of Birth: _____ Primary Phone: _____

Employer: _____ Work Phone: _____

E-mail: _____ Membership Eligibility: _____

Account Ownership Type

- Personal
- Business (Please complete the separate Account Authorization Form)
- Guardianship (Please complete the Special Ownership Designation section on page 2)
- Representative Payee (Please complete the Special Ownership Designation section on page 2)
- VUTMA (Please complete the VUTMA Custodial Designation & Information section on page 2)
- Organizational (Please complete the separate Account Authorization Form)

Account Ownership Information

- Individual
- Joint Account with Rights of Survivorship
- Joint Account without Rights of Survivorship

Joint Owner: _____

Address: _____

SSN: _____ Driver's License No: _____

Date of Birth: _____ Primary Phone: _____

Employer: _____ Work Phone: _____

Joint Owner: _____

Address: _____

SSN: _____ Driver's License No: _____

Date of Birth: _____ Primary Phone: _____

Employer: _____ Work Phone: _____

Account Products and Services

- Debit Card
- ATM Card
- Net24 Home Banking
- Dial24 Telephone Banking
- Overdraft Protection from Savings

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 to me), and
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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien, a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations sections 301.7701.7).

Certification instructions.

You must 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.

Payable on Death Designations

- Payable on Death (POD)
 - All Accounts
 - Specific Sub-accounts _____

Payee 1: _____	Payee 2: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Relationship: _____	Relationship: _____

VUTMA Custodial Designation & Information

The account(s) listed on page 1 are held by the following until age _____ under the Virginia Uniform Transfers to Minor Act.
18 or 21

Custodian 1: _____	SSN: _____
Address: _____	
Phone: _____	Date of Birth: _____
Custodian 2: _____	SSN: _____
Address: _____	
Phone: _____	Date of Birth: _____

Pursuant to the Virginia Uniform Transfers to Minors Act, I designate _____ as successor custodian for all accounts listed above. This designation shall take effect only upon my death, resignation, incapacity or removal.

Signature of Custodian _____ Date: _____

Witness _____ Date: _____

Special Ownership Designation

The following individual is authorized to manage the account(s) listed on page 1, as designated/authorized by the appropriate agency or court.

Name: _____	Date of Birth: _____
Address: _____	
Home Phone: _____	Cell Phone: _____
Drivers License: _____	SSN: _____

By signing below, I/we agree to the terms and conditions of the Membership & Account Agreement, Truth-in-Savings Disclosure, Funds Availability Disclosure, Electronic Funds Transfer Agreement, ESign Agreement and to any amendment Chesterfield Federal Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of the above mentioned agreements and disclosures applicable to the accounts and services requested herein. I understand that Chesterfield Federal Credit Union may pull a consumer credit report for any account owners on this account and I grant them authorization to do so. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Primary Member Signature _____	Date _____
Joint Owner #1 Signature _____	Date _____
Joint Owner #2 Signature _____	Date _____

CREDIT UNION USE ONLY

Date of Membership: _____

Opened By: _____

Branch Code: _____

Credit Report Reviewed By: _____

OFAC Screen Check:

Member	Joint #1	Joint #2
<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Account Screening:

Member	Joint #1	Joint #2
<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Code: _____ Code: _____ Code: _____

MIP Documentation

Attach a copy of driver's license in this section, or complete the information below.

Another form of ID used.
Please scan a copy of the identification with this form

Offsite Account Opening
Government ID State of Issue: _____

Issue Date: _____

Expiration Date: _____

ID #: _____



Extended Coverage Consent Form

WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to another account or a line of credit, which may be less costly than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We will not authorize and pay overdrafts for the following types of transactions without your consent.

- ATM transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if Chesterfield Federal Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of up to \$29 each time we pay an overdraft
- There is no limit per day on the total fees we can charge you for overdrawing your account

What if I want Chesterfield Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions (Extended Coverage)?

If you want us to authorize and pay overdrafts for which an Overdraft fee will be assessed on ATM and everyday debit card transactions, call (804) -748-1417, complete the enrollment form on Net24 Home Banking, complete the form below and present it at a branch or mail it to:

Chesterfield Federal Credit Union
P.O. Box 820
Chesterfield, VA 23832.

You can revoke your authorization for Chesterfield Federal Credit Union to pay these overdrafts at any time by any of the above methods. Your revocation must include both your name and your account number so that we can properly identify your account.

I want Chesterfield Federal Credit Union to authorize and pay overdrafts for which an overdraft fee will be assessed on my ATM and everyday debit card transactions.

Printed Name: _____

Date: _____

Member Number: _____



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