



Account Number: _____

Thank you for choosing SVFCU for your banking needs! You are joining millions of others worldwide who enjoy the advantages of credit union membership. SVFCU provides a full range of financial services to those who live, work, worship, or attend school in Cumberland, Dauphin and Perry Counties as well as their families. We look forward to serving you!

Membership Enrollment / Change Form

Please complete as follows:

New Account - Section 1, Section 2 (if applicable), review Section 3, and all owners sign and date in Section 4.

Add Joint Owner to Existing Account - Primary account owner Section 1, new joint owner complete Section 2, all owners review Section 3, and all owners sign and date in Section 4.

Name Change - Owner or Joint Owner complete Section 1 or 2 with new name, updated email and contact information. Please indicate former name in margin, all owners sign and date Section 4.

Visa Debit Card Application - Sections 1 and 2 as applicable, review Section 3, sign & date Section 4. Applicants under the age of 17 require the signature and joint ownership of an adult.

Add a Service - Sections 1 and 2 as applicable, review Section 3, sign and date Section 4. Applicants under the age of 17 require the signature and joint ownership of an adult.

For new account enrollment, please deliver the following to the office within 10 calendar days:

- ➔ **Cash or check for \$5 or more** (\$5 minimum account balance)
- ➔ **A copy of your current, valid driver's license or other government-issued photo ID.**
(Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. Please review the USA Patriot Act information contained in the Disclosure of Account Terms.)

After completion of the following two pages, please print and deliver to:

SVFCU, 3850 Hartzdale Dr., Camp Hill, PA 17011

or email to: MSR@SVFCU.org



Account Number: _____

Please check the box(es) indicating what you would like to do today.

- | | |
|---|--|
| <input type="checkbox"/> Open a New Account | <input type="checkbox"/> Add Visa Debit Card or ATM Card |
| <input type="checkbox"/> Add a Joint Owner | <input type="checkbox"/> Add Money Market |
| <input type="checkbox"/> Change Name | <input type="checkbox"/> Add Checking (circle one) |
| was: _____ | Standard Premium Rebate |

SECTION 1

Account Owner Information			
Name: Last		First	M.I. Date of Birth
Address		Street	Home Phone
City		State	ZIP Work Phone
Social Security Number	Driver's License Number	Referred By	Cellular Phone
Mother's Maiden Name	Eligibility (county, relative, etc.)	Employer	E-Mail Address

SECTION 2

- I am adding this joint owner to a ***new account.***
- I am adding a new joint owner to an ***existing account.***

Account Owner Information			
Name: Last		First	M.I. Date of Birth
Address		Street	Home Phone
City		State	ZIP Work Phone
Social Security Number	Driver's License Number	E-Mail Address	Cellular Phone

Additional Joint Owner Information			
Name: Last		First	M.I. Date of Birth
Address		Street	Home Phone
City		State	ZIP Work Phone
Social Security Number	Driver's License Number	E-Mail Address	Cellular Phone

Privacy Policy

Susquehanna Valley FCU will not share or sell this information to third parties for sales-related purposes. Occasionally, we must share this information with vendors to whom we are contracted to provide financial services. Please visit SVFCU.org or see new member packet for full Privacy Policy.



Account Number: _____

SECTION 3

Authorizations

By signing below, I authorize Susquehanna Valley Federal Credit Union to obtain or verify the information required to process this application, including the request of a credit report if necessary. Susquehanna Valley Federal Credit Union's Visa® Debit Cards and ATM cards are not credit cards and are available to qualified Susquehanna Valley Federal Credit Union members only. I agree to be bound by the terms and conditions covered in the Disclosure of Account Terms.

I understand that my Personal Identification Numbers (PINs) are for my protection and should not be disclosed to anyone other than any joint owner on my account. These PINs enable me to transact business on affiliated accounts and are private information. Should I choose to share my PIN(s) with another party, I will not hold Susquehanna Valley Federal Credit Union responsible for transactions performed using my PIN(s).

I understand that a Visa® Debit Card transaction will only access a checking account. To access a savings account or line of credit, I must perform an ATM transaction.

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.*

SECTION 4

By signing below, I acknowledge receipt of and agree to the terms and conditions of the Disclosure of Account Terms, containing among others, Truth-in-Savings Disclosure and Funds Availability Policy Disclosure and to any amendments Susquehanna Valley Federal Credit Union makes from time to time which are incorporated therein. If an access card or Electronic Funds Transfer (EFT) service is requested and provided, I agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.

The Internal Revenue Service does not require your consent to any provision of the Membership Enrollment/Change form other than the Certification to Avoid Backup Withholding.

➡ Signature of Primary Member	_____	Date	_____
➡ Signature of Joint Owner	_____	Date	_____
➡ Signature of Joint Owner	_____	Date	_____

For Office Use Only

Membership Request

Approved Denied With Exception _____

Account Number: _____

Chex Systems Checked on _____ by _____

No Record Record on File

OFAC Checked on _____ by _____

No Record Record on File

Accounts Opened Today:

- | | |
|---|--|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Standard Checking |
| <input type="checkbox"/> Premium Checking | <input type="checkbox"/> Certificate |
| <input type="checkbox"/> Christmas Club | <input type="checkbox"/> Other Club _____ |
| <input type="checkbox"/> ATM Card | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> Safe Deposit Box | <input type="checkbox"/> Other _____ |

Federally Insured by NCUA

For "In Trust For" Accounts Only: Beneficiary Information

Name: Last	First	M.I.	Date of Birth
Address	Street		Home Phone
City	State	ZIP	Work Phone
Social Security Number	Driver's License Number	E-Mail Address	Cellular Phone