



Membership and Additional Account(s) Application

If you live, work, go to school or worship in the City of Danville, Pittsylvania County or Caswell County, you are eligible to join URW 831 Members Federal Credit Union (URW Members). There is a requirement of a \$5.00 deposit into a share account (savings account), which gives you access to all the products and services offered by the Credit Union.

Eligibility:

(select one of the following)

I live in:

- City of Danville Pittsylvania County Caswell County

I work in:

- City of Danville Pittsylvania County Caswell County

I attend school in:

- City of Danville Pittsylvania County Caswell County

I worship in:

- City of Danville Pittsylvania County Caswell County

- I am a current member.

I/we would like to establish the following URW Member accounts or services:

(check all that apply)

- Share Account (Savings)
- Money Market Account
- Share Certificate Account (CD)
- Kid's Club Account
- Free Share Draft (Checking - Requires Share Draft Application)
- ATM/ Visa Debit Card (Requires Visa Debit Card Application)

Disclosure Acknowledgement

URW Members require that certain agreements be read and understood by our members and potential members. To join, members must complete a member application form and return to the credit union with a copy of a government issued photo identification. In addition, members must have read the Membership and Account Agreement located in our Disclosure section of our website at www.urwfcu.org, or you may write to the credit union at 539 Arnett Boulevard, Danville, VA 24540 and request a copy be mailed to you.

For ATM and Visa Check Card Services, members must read and understand the Electronic Funds Transfer Agreement and Disclosure.

We recommend that all members read our Privacy Notice.

No account will be setup without member having read the Membership and Account Agreement. No ATM or Visa Services will be offered to member without having read the Electronic Funds Transfer Agreement and Disclosure.

I/We have read:

- Membership and Account Agreement
- Electronic Funds Transfer Agreement and Disclosure
- Privacy Notice

Owner Initials

Co-Owner Initials

Member/Owner

_____	_____	_____	_____
Last	First	MI	
_____	_____	_____	_____
Street Address/PO Box	City	State	Zip
_____	_____	_____	_____
Home Phone	Work Phone	Email	
_____	_____	_____	_____
Member No. (if applicable)	SSN/TIN	Driver's License No.	
_____	_____	_____	_____
Date of Birth	Employer		

Co-Member/Co-Owner

_____	_____	_____	_____
Last	First	MI	
_____	_____	_____	_____
Street Address/PO Box	City	State	Zip
_____	_____	_____	_____
Home Phone	Work Phone	Email	
_____	_____	_____	_____
Member No. (if applicable)	SSN/TIN	Driver's License No.	
_____	_____	_____	_____
Date of Birth	Employer		

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 Rate and Fee Schedule, 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 Date

Signature Date

Signature Date

Signature Date