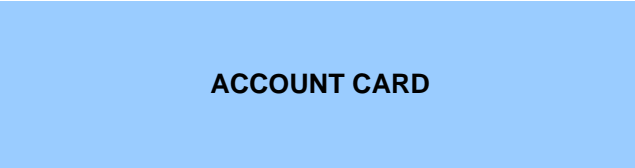


**RIVERVIEW CREDIT UNION, INC.**

403 Main Street \* Belpre, OH 45714  
Toll Free: (888)423-4260  
Phone: (740)423-4260 \* Fax: (740)423-1144  
Web Address: www.riverviewcu.com



**ACCOUNT TYPE**

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

<input type="checkbox"/> Share/Savings	Suffix* _____	<input type="checkbox"/> Money Market	Suffix* _____
<input type="checkbox"/> Share Draft/Checking	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Share Certificate	_____	<input type="checkbox"/> Other	_____

\*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.

**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

Member/Owner _____	Member No. _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone (    ) _____	Date of Birth _____
Work Phone (    ) _____	Password _____
E-mail _____	Employment _____
Eligibility for Membership _____	

**TIN CERTIFICATION AND BACK UP WITH HOLDING 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 back up with holding 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 any 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 certificates required to avoid back up withholding.**

x \_\_\_\_\_  
Signature Date

x \_\_\_\_\_  
Signature Date

x \_\_\_\_\_  
Signature Date

x \_\_\_\_\_  
Signature Date

# Riverview Credit Union

## ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit
- Overdraft Protection (Indicate transfer priority below)
- PC Access/Internet Banking
- Debit Card
- Audio Response
- Other
- Other

## ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- Individual
- Joint Account with Survivorship
- Joint Account without Survivorship

### Joint Owner

Street \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone (    ) \_\_\_\_\_  
 Work Phone (    ) \_\_\_\_\_

### SSN/TIN

Driver's Lic. No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Employment \_\_\_\_\_  
 E-mail \_\_\_\_\_

### Joint Owner

Street \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone (    ) \_\_\_\_\_  
 Work Phone (    ) \_\_\_\_\_

### SSN/TIN

Driver's Lic. No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Employment \_\_\_\_\_  
 E-mail \_\_\_\_\_

## ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account

Beneficiary/POD Paye	Beneficiary/POD Payee
Street	Driver's Lic. No.
City/State/Zip	Date of Birth

**Agency**    Print name of Agent \_\_\_\_\_  
 Signature \_\_\_\_\_ (date) \_\_\_\_\_

- UTMA/UGMA** (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act    Minor's TIN/SSN \_\_\_\_\_)

- Other** \_\_\_\_\_     See Account Authorization Card

## FOR CREDIT UNION USE ONLY

See Account Change Card     See Insurance Beneficiary Card

Date of membership \_\_\_\_\_    Opened/App'd by \_\_\_\_\_    Member Verification \_\_\_\_\_

- Credit Report     Check Verify     PIN Request
- Access Card     Audio Response     PC Access/Internet Banking