

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 CARD

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

- | | |
|--|---|
| <input type="checkbox"/> Payroll Deduction/Direct Deposit | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> Overdraft Protection (Indicate transfer priority below) | <input type="checkbox"/> Audio Response |
| <input type="checkbox"/> PC Access/Internet Banking | <input type="checkbox"/> Other |
| | <input type="checkbox"/> 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 _____
- | | | |
|--|---|---|
| <input type="checkbox"/> Credit Report | <input type="checkbox"/> Check Verify | <input type="checkbox"/> PIN Request |
| <input type="checkbox"/> Access Card | <input type="checkbox"/> Audio Response | <input type="checkbox"/> PC Access/Internet Banking |