

Tri-Valley Service Federal Credit Union
1920 Cochran Road, P.O. Box 16345
Pittsburgh, PA 15242
Phone: 412-344-3406 Fax: 412-561-3961

9/29/2014

Account Card/Change Card Instructions
Please Read Before Completing Card

****MOST IMPORTANT!! All applicants (you and joint owner(s), if any) MUST INCLUDE two (2) current and valid forms* of identification (we MUST have a copy of something with your CURRENT ADDRESS) and an initial deposit of \$5.00 with this account card.****

FILL OUT THE FOLLOWING AREAS:

- Select NEW (for new accounts) or UPDATE (for any changes)
- MEMBER/OWNER INFORMATION
- ACCOUNT OWNERSHIP
- JOINT OWNER/AUTHORIZED SIGNER INFORMATION (if applicable)
 - All applicants (you and joint owner(s), if any) are required to fill out **all information areas on the first page**. More than one joint owner may be named to the account. Creating a password is optional; you will be asked this password when calling/stopping in the office.
- Check off ACCOUNT TYPE
 - All applicants (you and joint owner(s), if any) **check and initial next to the account(s) of your choice** (membership must start with a share/savings account)
- Check off ACCOUNT SERVICES
 - All applicants (you and joint owner(s), if any) **check and initial next to the service(s) of your choice**
- Check off ACCOUNT DESIGNATIONS (if applicable)
 - Call the office for more information
- TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION
 - Check if applicable
- AUTHORIZATION
 - All owners/joint owners/authorized signers must sign and date

- * Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.
- * It is necessary to have a share/savings account with a **minimum balance of five dollars (\$5.00)** at all times before any other credit union services can be utilized. Par share.
- * **Acceptable forms of ID include: government issued drivers license/ID (with current address), social security card, birth certificate, employer ID, student ID, firearms permit, vehicle registration (with current address), and passport.**
- * All applicants are subject to a Chex Systems report and a credit report if requesting a checking account.
- * If account is closed before 90 days of membership, member is subject to a \$5.00 close-out fee.

TRI-VALLEY SERVICE FCU

MAILING ADDRESS:

P.O. BOX 16345

PITTSBURGH, PA 15242

(412) 344-3406

FAX (412) 561-3961

www.trivalleyservice.com

To our account holders and potential account holders:

In accordance with Section 326 of the USA Patriot Act of 2001, which requires the Tri-Valley Service FCU to help the government fight the funding of terrorism and money laundering activities, Tri-Valley Service FCU is required to obtain basic identifying information from you and verify that information when you open a new account.

This means the Tri-Valley Service FCU staff will ask you for some basic information such as your name, address, date of birth, and other information designed to help us identify you. Tri-Valley Service FCU staff will also ask to see documents identifying you such as a social security card, driver's license, passport, and/or some other government-issued document.

In some cases, identification will be requested for those individuals conducting business with Tri-Valley service FCU prior to the effective date of the member identification requirements. This is because original documentation was not obtained with the opening of the account or Tri-Valley Service FCU is unable to form a reasonable belief that it knows the true identity of the existing account holder.

In all cases, protection of our member's identity and confidentiality is the Credit Union's pledge to you. Tri-Valley Service FCU appreciates our patience and understanding as we all do our part in complying with the new account identification procedures required by the federal USA Patriot Act of 2001

Respectfully,

The Board of Directors,
Staff and Members of Tri-Valley Service FCU



Member Services Request

NEW UPDATE DATE: _____ MEMBER NO: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person when opening a new account. **What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.**

MEMBER/OWNER INFORMATION

Update

Member/Owner Name:		SSN/TIN:	
Mailing Address:		ID Type:	
City/State/Zip:		ID Number:	
Physical Address:		ID Issuing State:	ID Issuing Date:
City/State/Zip:		ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:	
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:	
Employer:		Occupation/Title:	

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

ACCOUNT OWNERSHIP

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

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

JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Joint Owner UTMA/UGMA Custodian Agent Other Authorized Signer (Describe): _____
 Add Update Remove See Account Authorization Card

Name #1:		SSN/TIN:	
Mailing Address:		ID Type:	
City/State/Zip:		ID Number:	
Physical Address:		ID Issuing State:	ID Issuing Date:
City/State/Zip:		ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:	
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:	
Employer:		Occupation/Title:	

Joint Owner Agent Other Authorized Signer (Describe): _____
 Add Update Remove See Account Authorization Card

Name #2:		SSN/TIN:	
Mailing Address:		ID Type:	
City/State/Zip:		ID Number:	
Physical Address:		ID Issuing State:	ID Issuing Date:
City/State/Zip:		ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:	
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:	
Employer:		Occupation/Title:	

JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)

Joint Owner Agent Other Authorized Signer (Describe): _____
 Add Update Remove See Account Authorization Card

Name #3: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Primary Phone: _____ Listed Unlisted E-Mail: _____
Secondary Phone: _____ Listed Unlisted Security Code: _____
Employer: _____ Occupation/Title: _____

ACCOUNT TYPES

Share/Savings: _____ Add Remove Money Market: _____ Add Remove
 Share Draft/Checking: _____ Add Remove Other: _____ Add Remove
 Share Certificate/Certificate: _____ Add Remove Other: _____ Add Remove

ACCOUNT SERVICES

ATM Card: _____ Add Remove Overdraft Protection Update
 Debit Card: _____ Add Remove Indicate transfer priority:
 Audio Response: _____ Add Remove 1. _____
 Internet Banking: _____ Add Remove 2. _____
 Mobile Banking: _____ Add Remove 3. _____
 Bill Payment: _____ Add Remove 4. _____
 Other: _____ Add Remove

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts Designate Specific Accounts: _____
 Add Update Remove Add Update Remove
Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
SSN/TIN: _____ Date of Birth: _____ SSN/TIN: _____ Date of Birth: _____
Street: _____ Street: _____
City/State/Zip: _____ City/State/Zip: _____

UTMA/UGMA

_____ (as custodian for _____ (minor)
under the Uniform Transfers/Gifts to Minors Act.) Minor's SSN/TIN: _____

Agency

Name of Agent: _____

Signature: _____ Date: _____

All Accounts Designate Specific Accounts: _____

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 (or I am waiting for a number to be issued), 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 Section 301.7701-7).
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy 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 the agreements 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 Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member/Owner	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Approved By: _____ Membership Eligibility: _____

Member Verification: _____

Verification List(s) Checked: OFAC Other: _____

List Verification Completion Date: _____ By: _____

Reports Checked: Credit Report Check Verification Report Other: _____

Overdraft Protection Opt-in Completion Date: _____