



(757)928-8850 • 800-928-8801 • www.bayportcu.org

Account Number _____
Branch _____ Date _____
Employee # _____ Existing Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
School _____

SIGNATURE CARD & MEMBERSHIP ACCOUNT APPLICATION FOR STUDENT RUN CREDIT UNION (SRCU)

AND REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Please print in black ink, or type)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 or business that opens an 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. This applies to all individuals on the account including but not limited to the primary member, joint owners and beneficiaries.

Account Type (Check only one)

- Individual
 - Joint – With Survivorship (On the death of an owner, the deceased owner's interest in the account passes to the surviving owner or owners.)
 - Joint – No Survivorship (On the death of an owner, the deceased owner's interest passes as part of the owner's estate under the will, trust or by intestacy.)
- (Joint owners are added to all current and future savings accounts opened under your membership number except checking, share certificates and IRA accounts.)

I. GENERAL INFORMATION - PRIMARY MEMBER / OWNER

1) Member Name _____ SSN/ Tax ID _____ Date of Birth _____

Residence Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone (HM) _____ (CELL) _____ Email Address _____ Employer _____

ID Type _____ ID Number _____ ID Issue Date _____ ID Expiration _____ Occupation _____

BENEFICIARY DESIGNATION (Pay-On-Death)

Name _____ SSN/Tax ID _____ Date of Birth _____

Residence Address _____ City _____ State _____ Zip _____

Name _____ SSN/Tax ID _____ Date of Birth _____

Residence Address _____ City _____ State _____ Zip _____

JOINT OWNER

2) Name _____ SSN/TIN _____ DOB _____

Residence Address _____ ID Type _____

City _____ State _____ Zip _____ ID Desc _____ Specify ID Number _____

Mailing Address _____ ID Issue Date _____ ID Expiration Date _____

City _____ State _____ Zip _____ Employer _____ Occupation _____

Phone (HM) _____ (CELL) _____ BayPort Acct # _____ Email Address _____

JOINT OWNER

3) Name _____ SSN/TIN _____ DOB _____

Residence Address _____ ID Type _____

City _____ State _____ Zip _____ ID Desc _____ Specify ID Number _____

Mailing Address _____ ID Issue Date _____ ID Expiration Date _____

City _____ State _____ Zip _____ Employer _____ Occupation _____

Phone (HM) _____ (CELL) _____ BayPort Acct # _____ Email Address _____

SIGNATURE CARD & MEMBERSHIP ACCOUNT APPLICATION (continued)

II. BayPort Credit Union Services Requested (check all that apply)

- | | | |
|--|--|--|
| Savings: | Checking: | <input type="checkbox"/> Overdraft Protection Requested |
| <input type="checkbox"/> Primary Savings (Required) | <input type="checkbox"/> Classic or <input type="checkbox"/> Rewards | Transfer Funds From: |
| <input type="checkbox"/> Vacation Club | <input type="checkbox"/> Teen Rewards (Ages 13-17) | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Christmas Club | <input type="checkbox"/> College & Career Rewards (Ages 18-24) | Account Access Cards: |
| <input type="checkbox"/> Fast Start (Ages 0-24) | | <input type="checkbox"/> Debit/ATM Card |
| | | <input type="checkbox"/> ATM Card |

III. AGREEMENT AND CERTIFICATION

In this Membership Account Agreement the words “you” and “your” refer to each member and joint owner signing below. The person(s) signing below hereby make application for membership in Newport News Shipbuilding Employees’ Credit Union, Inc. hereinafter referred to as BayPort Credit Union and/or for the accounts or services requested. I/We authorize BayPort Credit Union to gather reports from consumer reporting agencies and other information it considers appropriate from time to time in order to determine my/our eligibility for membership, products and services, regardless of whether I/We have applied for the product or service. I/We agree that BayPort Credit Union may retain this form, the additional documentation provided as required by the Credit Union, and any other information the Credit Union receives. By signing below you acknowledge receipt of the disclosures required by 12 CFR Part 1030 et seq. (Truth in Savings) and agree to all the terms for ownership and type of accounts(s) stated in the (1) Important Account Information for our Members Brochure (2) Rate and Fee Schedule and to any amendment the Credit Union makes from time to time which are incorporated herein. You acknowledge the statutory lien rights of BayPort Credit Union on your accounts and agree that the account is governed by the laws of Virginia and exclusive venue for all disputes between you and the credit union is in the Circuit Court for the City of Newport News, Virginia. If an ATM and/or Debit Card is requested and provided, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You further agree to comply with and to be bound by BayPort Credit Union’s bylaws and amendments and subscribe to at least one share. By signing below, you: (1) authorize us, subject to any applicable law, to verify employment, credit worthiness, procure/obtain credit and debit history and financial responsibility through employers, credit bureaus or by any other reasonable means, including direct contact; and (2) authorize other financial institutions to give information concerning your account history to us. You certify that information given on this card is true and correct. For minor accounts under the age of 18, the adult joint owner agrees to be the responsible party for all transactions.

ACCOUNT OWNERS / AUTHORIZED SIGNATURES (must include all individuals listed in Section I. on page 1):

Each of the persons, who sign below, is duly authorized to act with respect to the account in all matters and the credit union may rely on the signature of just one of the persons listed below and the Credit Union is authorized to act as specified in the Account Agreement until the Credit Union receives written court ordered instructions to the contrary. This means any actions, including but not limited to transfer and withdrawal of funds may be made by any joint owner alone. I/We understand and agree that the Credit Union will require a new signature card to add any signatory (ies) on this account and we may require the signature of an existing joint owner(s) for removal from the account(s).

X _____

1) **Primary Member Signature** (corresponds to person #1 on page 1) **Date**

X _____

3) **Joint Owner Signature** (corresponds to person #3 on page 1) **Date**

X _____

2) **Joint Owner Signature** (corresponds to person #2 on page 1) **Date**

Note: A supplemental notarization sheet may be required for each signature not witnessed in the presence of a BayPort Credit Union employee.

Check here if supplemental notary sheets are included with this application and made a part hereof.

Member Identification: I authorize BayPort Credit Union to retain and utilize a sample of my signature as shown below, and/or a copy of my ID or a photograph of myself. These items may be stored electronically by the credit union. (Driver’s licenses are imaged for identification purposes only.)

SRCU Account Transfer: This account will now have access to the SRCU operating account, which will allow for withdrawals at the Student Run Credit Union.

IV. TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

SUBSTITUTION of IRS FORM W-9	
TAXPAYER IDENTIFICATION NUMBER (TIN) _____	Social Security Number _____
Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). OR	
For most other entities, it is your employer identification number (EIN) Employer Identification Number _____	
CERTIFICATION	
Under penalties of perjury, I certify that: <input type="checkbox"/> Check if Exempt from backup withholding	
<ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number 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 person (including a U.S resident alien.) 	
Certification Instructions. You must check here <input type="checkbox"/> and 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.	
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 of U.S. Person → _____	Date → _____



Account Number: _____
Employee Number: _____

NEW ACCOUNT AUTHORIZATION FORM

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 who opens an 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. This will apply to anyone on the account including but not limited to the primary member, joint owners, and beneficiaries.

Documentation required includes:

- Unexpired Driver's License or valid US Government Issued Photo Identification
- Proof of Residential Address, if different from Photo identification
 - Acceptable forms dated within the last 60 days include: Paystub, Utility Bill, Voter Registration Card, Rental Agreement, Mortgage Statement, Tax Filing Document, Vehicle Registration, Real Estate Tax Bill, Insurance Bill
- In certain circumstances, proof of Social Security Number

As part of the new account opening process to determine your eligibility for membership, and products and services with BayPort Credit Union, your debit and credit history will be accessed and reviewed through ChexSystems® and Equifax.

By signing below, you acknowledge receipt of the disclosures required by 12 CFR Part 1030 et seq. (Truth in Savings) which includes the Important Account Information for our Members Brochure and our Rate and Fee Schedule and agree the SSN/Tax ID number listed below is correct. You acknowledge the statutory lien rights of BayPort Credit Union and that the account is governed by the laws of Virginia and exclusive venue is in the Circuit Court for the City of Newport News. You authorize us to verify employment, credit worthiness, procure/obtain credit and debit history and financial responsibility through employers, credit bureaus or any other reasonable means, including direct contact and authorize other financial institutions to give us information concerning your account history.

Print Name: _____ Date: _____
(Primary Member)

Signature _____ SSN/Tax ID: _____
(Primary Member)

Print Name: _____ Date: _____
(Joint Owner)

Signature: _____ SSN/Tax ID: _____
(Joint Owner)



SRCU - ATM/Debit Card Application

You must be 13 years of age or older for ATM service and 13 years of age or older with a Credit Union checking account for MasterCard® Debit Card/ATM services. The adult joint owner will be the responsible party for all transactions. This application must be signed by both the primary and the adult joint owner. An ATM card will be issued if you do not qualify for a MasterCard Debit Card. ATM cards can only be issued to the joint owner when the primary is under the age of 13.

- I am applying for:**
- MasterCard Debit Card New
- ATM Card (savings acct. only) Reissue
- I am not interested in a card at this time**

Member Name (to be printed on card): _____

Phone: _____

Please issue a card for my joint owner identified below:

Joint Owner Name: _____

Card Delivery: Your ATM/Debit Card will be mailed to the address listed on your account. Your card should arrive at your home in approximately 7 - 10 business days. In order to receive your card immediately, you must visit a BayPort Credit Union full-service branch.

Please read carefully: By signing this application, I/we certify that the information on this application is accurate. I/we authorize BayPort Credit Union to investigate my/our credit worthiness and financial responsibility through employers or credit bureaus or by any other reasonable means, including direct contact. I/we also authorize other financial institutions to give information concerning my/our account history to BayPort Credit Union. I/we agree to abide by the terms and conditions of BayPort Credit Union MasterCard Debit Card, which are provided with the card(s), available at any credit union location, or available by calling the credit union.

Member's Signature: _____ Date: _____

Joint Owner (Parent/Guardian) Signature: _____ Date: _____

Office Use Only:

Authorized/denied by: _____ Date: _____

of cards issued: _____

Last four (4) digits of the card: _____

Send to Records Management for imaging



Overdraft Privilege Opt-Out Form

Member's Name: _____
Account Number: _____

(This form is in response to your request to opt-out of a service provided by BayPort Credit Union. However, you may periodically continue to receive information about this service).

By opting out of Overdraft Privilege, I understand that any and/or all of my insufficient fund checks may be returned to the Payee and my ATM and everyday debit card transactions may be returned or denied. I agree to hold the Credit Union harmless, and without liability, for any Payee fees or other consequences that may result from this action. The Credit Union will continue to charge its \$29.00 return item fee for any check, ACH, Recurring Debit or Bill Pay transaction presented to the Credit Union drawn on insufficient funds.

If this is a joint account, I agree that the signature of only one accountholder is necessary for the credit union to suspend the Overdraft Privilege.

I (we) have the right to reinstate this program at any time on the condition I (we) provide BayPort Credit Union the request to do so in written documentation and qualify for the service.

Member Signature Date

Joint Account Owner Signature Date

Please complete this form and return it to us either by mail:

BayPort Credit Union Attention Collections
One BayPort Way, Suite 350
Newport News, VA 23606
Or via fax:
757-380-8127

For Credit Union use only: Employee ID _____ Date _____
