



APPLICATION FOR ADDITIONAL ACCOUNTS AND/OR CHANGES ON ESTABLISHED ACCOUNTS

Account # {RCU use only}

Primary Account Holder (Please Print Clearly)

Last Name		First		Middle		Social Security Number	
Physical Address (No PO Box)					Home Phone # ()		
City		State		Zip		Work Phone # ()	
						Cell Phone # ()	
Mailing Address (if different from Home Address – Include City, State & Zip)							
Home E-mail Address				Work E-mail Address			

Beneficiary Designation				_____ %		Beneficiary Designation				_____ %	
Last Name		First		Middle		Last Name		First		Middle	
Home Address		Apt./Unit #		Home Phone # ()		Home Address		Apt./Unit #		Home Phone # ()	
City		State		Zip		Date of Birth		City		State	

Consent of Spouse (to be completed in community property states) If you are married and your designated beneficiary or joint owner(s) is someone other than your spouse:

× _____

Signature _____ *Date* _____

Joint Owner Agreement with Right of Survivorship

RiverLand Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business on each account opened under this membership. All joint owners hereby agree with each other and with RiverLand Credit Union that all sums now on deposit or heretofore or hereafter deposited to any account opened under this membership are and shall be owned by them jointly with right of survivorship and be subject to the withdrawals of any of them, and payments to them or the survivor(s) shall be valid and discharge RiverLand Credit Union from any liability of such payments.

Any joint owner may pledge any and all funds on deposit in any account open under this membership as collateral for a loan or loans. The right or authority of RiverLand Credit Union under this agreement shall not be changed or terminated by a said owner except by written notice to RiverLand Credit Union, which shall not affect transactions theretofore made. Shares are not transferable except on the books of RiverLand Credit Union.

Joint Account Holder (other than primary)					Joint Account Holder (other than primary)						
Last Name		First		Middle		Last Name		First		Middle	
Home Address		Apt./Unit #		Home Phone # ()		Home Address		Apt./Unit #		Home Phone # ()	
City		State		Zip		Work Phone # ()		City		State	
Social Security Number		Date of Birth		Cell Phone # ()		Social Security Number		Date of Birth		Cell Phone # ()	
Driver's License Number & State		Mother's Maiden Name				Driver's License Number & State		Mother's Maiden Name			
Home E-mail		Work E-mail				Home E-mail		Work E-mail			
Employer & City		Position/Title				Employer & City		Position/Title			

Add Joint Owner(s) to: All shares currently open Savings only (ID _____) Checking only (ID _____)
 Certificate(s) only (ID _____)

Ownership Changes on the Account

Primary Owner Name Change Former Name _____
Joint Owner(s) Add Change
Beneficiaries Add Change Remove
POD/Trust Beneficiaries Add Change Remove

Check the Account Type(s) You are Opening

E-Statements Savings Checking Money Market Checking* Money Market Savings*
 Super Money Market Savings* Christmas Club Casualty Coverage Account (*Minimum Balances Apply)

Overdraft Protection for Checking Accounts (Available only for checking account holders)

If I indicate below, the Credit Union may transfer available funds from my designated account(s), in the chronological order that they are listed, to pay any item presented for payment against my account. If there are insufficient funds in the first account designated, overdraft protection may transfer funds from additional designated accounts to clear a single item, and each transfer will incur a service fee as disclosed in the current rate and fee schedule.

I DO want Checking Account Overdraft Protection

Designate Overdraft Accounts sequentially: Account Types ~ Savings, Checking, Money Market, & Loan

1) Account # _____ Type _____ 2) Account # _____ Type _____

3) Account # _____ Type _____ 4) Account # _____ Type _____

I DO NOT want Checking Account Overdraft Protection

WRITECARD Debit Card (Available only for checking account holders) Check Order

<input type="checkbox"/> Process this application for The WriteCard Debit Card	<input type="checkbox"/> Yes – Order one box of standard RiverLand checks*
<input type="checkbox"/> Process this application for my joint owner(s) for The WriteCard Debit Card	<input type="checkbox"/> No – I do not want checks at this time
<input type="checkbox"/> Do NOT process this application for The WriteCard Debit Card	<small>*Cost of checks will be charged to your checking account and checks will not be ordered if funds are not available. Call for current pricing.</small>

TIN and Backup Withholding Certification

Under penalties of perjury, I certify (1) that the Social Security/Tax Payer I.D. number shown is correct; (2) I am not subject to backup withholding either because I am exempt from backup withholding, or I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Check this box if you have received IRS notification that you are subject to backup withholding.

Authorization and Application Agreement

By signing below, I/We hereby acknowledge receipt of the Membership and Account Agreement of RiverLand Credit Union, which includes the Electronic Funds Transfer disclosure and the Funds Availability policy; the Rate and Fee schedule, which includes the Truth In Savings disclosure; and the Privacy Policy. The signer(s) hereby certify that all of the information submitted in the Application is true, correct, and complete. I/We authorize RiverLand Credit Union to make whatever inquiries it deems necessary of others concerning the foregoing information, including but not limited to, procuring consumer reports from consumer reporting agencies and to provide information arising out of applicant(s) transactions with RiverLand Credit Union to others, as needed. Signature(s) denote(s) agreement to the terms stated on this form. I/We pledge all savings against delinquent loans, unpaid balances due, or unpaid fees that may be incurred. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested.

X _____
Signature of Primary Member

X _____
Date

X _____
Signature of Joint Owner

X _____
Signature of Joint Owner

Account Update Requirements

Two forms of I.D: 1) Valid driver's license or state issued ID and 2) a birth certificate, social security card, military ID, current passport, or voter's registration card issued by your state of residence.

RiverLand Credit Union Use Only

Date _____ Opened By _____ Branch Location _____ Verified By _____
ChexSystems _____ Credit Score _____ Check Order Date _____ Debit Order Date _____

Be Sure to Complete the Front and Back of this Application

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