

New Sub-Account Application

This form may be used by existing members to open certain new accounts. You may not use this form to open an IRA or Share Certificate Account.

The new sub-account being requested will be granted the same ownership properties as the primary savings account. If you desire different ownership please visit our lobby to open the account.

Account #	Date			
I wish to open th	e following account type(s):			
	necking \square Valley Gold Check are subject to approval and restrictions apply.)			
☐ Secondary Sa	vings 🔲 Money Market			
☐ Christmas Clu	ıb 🔲 Cookie Jar	☐ New Car Club		
Member Inform	ation			
Full Name				
Current Address				
	City	ST	Zip	
Home Phone #		Alternate Phone #		_
Date of Birth		Social Security #	_	_
I wish to use the	following as the source of fun	nds deposit into my new a	ccount:	
_	from an existin			(please specify).
☐ A check is end	closed: Check # neck separately.	Amount \$	·	
the terms and co Schedule, and F Union makes fro	changes on this form amenon onditions of the Membershi unds Availability Policy Disc om time to time which are in f the above account and the	ip and Account Agreeme closure, if applicable, an ncorporated herein. By s	ent, Truth-in-Savings Ra Id to any amendment th igning below, I certify t	ite and Fee he Credit hat I am the
Member Signate	ure		Date	
	on all applications must be i You will then be mailed a ve			n
•	il the completed forms and any c	•		
Fax: (540) 982		·		
Attn: Mer P.O. Box 1	Valley Community CU mber Services 13045 , VA 24030-3045			
Received: By	Date			
Cruise: By	Date			