

I/We authorize Dominion Energy Credit Union to make the following changes to my/our accounts.
Signatures and Date required on front and back.

Type of Change (Please indicate type of change and only complete information affecting change)

- | | | | |
|----------------------------|---------------------------------|---------------------------------|---------------------------------|
| Member/Owner Information | <input type="checkbox"/> Change | | |
| Joint Owner(s) Information | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> REMOVE |
| POD/Trust Beneficiary | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> REMOVE |
| Account Type/Services | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> REMOVE |

Important Note: A name change must be accompanied by copy of marriage certificate, court order or other official document. Address changes should be accompanied by copy of utility bill or other confirmation.

MEMBER INFORMATION

Account Number: _____

First Name _____ M.I. _____ Last Name _____
 SSN/TIN _____ Driver's Lic. No. _____ D.O.B. _____
 Address _____
 City _____ State ____ Zip _____ Mother's Maiden Name _____
 Street Address (if different from above) _____ Verbal Password _____
 Home Phone _____ Work Phone _____ Mobile Phone _____
 Email Address _____ Employer _____

SERVICES YOU ARE REQUESTING

- FREE Checking with Visa® Debit Card
 Courtesy Pay for Debit Card
 Visit DominionEnergyCU.org for details.
Includes 50 free checks and overdraft protection.

New/Replacement Card

- Debit Card (Checking Required) OR
 ATM Card (Savings Only)

24-Hour Account Access

Sign up online for FREE Online Banking, FREE Bill Payer** and FREE eStatements at DominionEnergyCU.org.

Payroll Deduction and Direct Deposit

Please list ALL deductions you would like.

- Payroll Deduction*
 Paid: Monthly Bi-Weekly Weekly
 Amt. \$ _____ per paycheck to _____
 Amt. \$ _____ per paycheck to _____
 Amt. \$ _____ per paycheck to _____
 Amt. \$ _____ per paycheck to _____

Direct Deposit – Dominion Energy employees use ESS. Otherwise, contact employer.

Christmas Club and High Yield Savings

- Christmas Club / Amt. \$ _____ per paycheck*
 Issue check Deposit to Checking
 Wealth Maximizer Money Mkt. Savings (\$50k Avg. Daily Bal.)
 Wealth Builder Money Mkt. Savings (\$25k Avg. Daily Bal.)
 Savings Certificate
 6 mo. 1 yr. 2 yrs. 3 yrs. 5 yrs.
 Amount \$ _____
\$1,000.00 minimum savings certificate deposit.

*For Dominion Energy employees only.
 **Bill Payer payments in excess of 50 per month will incur a 50-cent per-transaction fee.

ACCOUNT OWNERSHIP

Signature Required

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

- Individual**
 Joint with survivorship – On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.
 Joint without survivorship – On the death of an owner of the account, the deceased owner's interest in the account passes as part of the owner's estate by will, trust or intestacy.

→ X _____ X _____
 Signature (Owner) Date Signature (Joint Owner if applicable) Date

Application
Continued
on Reverse

JOINT ACCOUNT OWNER (IF APPLICABLE) Government photo identification required to add joint owner.

Joint Owner: Removal of a Joint Account Owner requires written consent of all owners, and Credit Union will be held harmless for actions regarding account access. The removed Joint Account Owner(s) relinquishes ownership interest including any membership share in the account(s). This relinquishment does not affect my/our obligation on loan accounts.

ADD REMOVE
 Savings Checking Other _____ Email Address _____
 Name _____ SSN/TIN _____
 Driver's Lic. No. _____ D.O.B. _____ Mother's Maiden Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Mobile Phone _____

ADD REMOVE
 Savings Checking Other _____ Email Address _____
 Name _____ SSN/TIN _____
 Driver's Lic. No. _____ D.O.B. _____ Mother's Maiden Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Mobile Phone _____

ACCOUNT DESIGNATIONS
Signature Required

Beneficiary All Accounts Designate Specific Account(s) _____
 (1) Payee/Beneficiary _____ (2) Payee/Beneficiary _____
 Address _____ Address _____
 UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfer Gifts to Minors Act) Minor's TIN/SSN _____

I/We agree that the changes on this Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above. If an 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.

→ X _____	X _____
Signature _____	Signature _____
Date _____	Date _____
X _____	X _____
Signature _____	Signature _____
Date _____	Date _____

CHECK ORDER FORM – 50 FREE CHECKS WITH NEW CHECKING ACCOUNT

Name(s) _____ Account Number _____

 Street _____ Starting Check Number _____
 City/State/Zip _____
 Other Information _____ Please allow at least 10 - 14 business days for delivery.

FOR CREDIT UNION USE ONLY Check Verify _____ Checks Ordered – by _____
 ATM/Debit Card _____ Private Teller Audio Response _____ Online Banking _____
 CP for Debit Confirm. sent _____ Opened by _____ Date _____

 Rates and additional applications are available at DominionEnergyCU.org.

Please complete and fax or mail the application to:
Dominion Energy Credit Union • One James River Plaza
 PO Box 26646, Richmond, VA 23261-6646
 Fax to 804.771.3768

Inter-office Mail
 15th Floor, VA-OJRP
 Federally Insured by NCUA.