



Dominion Energy
Credit Union®

Switch Today and Save!

■ **Join** Dominion Energy Credit Union and open a free checking account with eStatements.

■ **Switch** your direct deposit to your new checking account (Dominion Energy’s ABA routing number is 251082644).

- Paycheck
- Social Security Administration
- Child support
- Government deposits

■ **Redirect** your automatic deductions to your new checking account by setting up free Bill Payer or by notifying automatic payment vendors of your new account number.

- Utilities/cable
- Phone service
- Gym/club memberships
- Insurance (car, health, etc.)
- Car payments or other loans
- Rent or mortgage
- Online billing
 - Video streaming services
 - Satellite radio
 - Newspapers/magazines

■ **Stop** using your old account, and wait for any checks to clear. Make sure you leave enough money to cover any transactions and automatic withdrawals that haven’t cleared yet.

■ **Withdraw** your money from your old bank, and deposit it into your Dominion Energy CU account by mail or at a branch.

■ **Close** old accounts.

■ **Destroy** old:

- Checks
- Deposit slips
- ATM and debit cards

■ **Remember** to:

- Sign up for Online Banking, eStatements, Bill Pay and Mobile Banking.
- Transfer higher-rate credit cards and loans to Dominion Energy CU.
- Encourage your immediate family and household members to start saving.
- Dominion Energy employees can also have a set amount deposited to the Credit Union from their paycheck – use our Payroll Deduction form or email us to sign up.

	Financial Institution	Account Number	Type of Account	Date Contacted	Follow-Up Date	Item Complete
Direct Deposit						
Automatic Payment						
Credit Card Balance Transfer						

APPLICATION

MEMBER APPLICATION

 New Change Adding Service(s)

First Name _____ M.I. _____ Last Name _____

SSN/TIN _____ Driver's Lic. No. _____ Birth Date _____

Address _____

City _____ State _____ Zip _____ Mother's Maiden Name _____

Street Address (if different from above) _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email Address _____ Employer _____

Work Location/Interoffice Address _____ Verbal Password _____

 Eligibility: (check one) Dominion Energy: Employee Retiree Contractor Eligible Employee Group _____

 Immediate family member or household member of eligible member (member name _____)

SERVICES YOU ARE REQUESTING

Basic Accounts

 Savings (required to join) ATM Card
 No deposit required to join if doing payroll deduction

 FREE checking with eStatements and Visa® Debit Card
 Includes a free set of checks and overdraft protection

Automatic Deposits

 Payroll deduction*
(deposits from paycheck – Dominion Energy employees only)

 Paid: Monthly Bi-Weekly

Amt. \$ _____ per paycheck to _____

Amt. \$ _____ per paycheck to _____

Direct Deposit – Dominion Energy employees use My SAP Workspace.
 Otherwise, contact your employer.

Join first and then apply for additional services anytime!

Holiday Club and High-Yield Savings

 Holiday Club / Amt. \$ _____ per paycheck*

 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.

Other _____

24-Hour Account Access

 FREE Private Teller Automated Telephone Service
 Sign up online for Online Banking, FREE Bill Payer**
 and eStatements.***

Please Note: \$5.00 minimum deposit to savings required to join if you are not signing up for payroll deduction. \$1,000.00 minimum savings certificate deposit.

*For Dominion Energy employees only.
**Bill Payer payments in excess of 50 per month will incur a \$0.50 per transaction fee.
***Paper statement mailing fee may be imposed if certain criteria are not met.

JOINT ACCOUNT OWNER (IF APPLICABLE)

Government photo identification required to add joint owner.

Email Address _____

Name _____ SSN/TIN _____

Driver's Lic. No. _____ Birth Date _____ Mother's Maiden Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

ACCOUNT DESIGNATIONS

 POD/Beneficiary All Accounts Designate Specific Account(s) _____

(1) Payee/Beneficiary _____ (2) Payee/Beneficiary _____

Address _____ Address _____

UTMA/UGMA (as custodian for _____)

Minor's TIN/SSN _____

(minor) under the Uniform Transfers/Gifts to Minors Act)

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 the 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, (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 Form W-8BEN if you are not a U.S. person. If a Form W-8BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

SIGNATURES – Please read before signing

By signing below, you certify that the information on this Account Card (front/back) is complete, true, and submitted for purpose of obtaining the accounts and services requested. By signing below for membership, you are also signing up for free Private Teller Automated Phone Transaction Service and free Online Banking. By opening a savings account you are also applying for an ATM card. By applying for checking, you are also applying for a debit card. You agree (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Account Card for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to terms of the following Agreements applicable to the accounts and services requested. You acknowledge receipt and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time that are incorporated herein. If an access card or Electronic Funds Transfer (EFT) Service is requested and provided, you agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications above.

ACCOUNT OWNERSHIP

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 _____
Signature (Owner) _____ Date _____

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

Proof of Identification may be required by the Credit Union. Please be prepared to provide a government-issued identification card.

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 to you – When you open an account, we will ask for your name, street address, date of birth and other information that will allow us to positively identify you. We may also ask to see your driver’s license or other identifying documents.

→ **PLEASE NOTE:** A \$5 deposit to regular savings is required to join if you are not signing up for payroll deduction. **If you are not a Dominion Energy employee,** please send a copy of a valid government-issued picture identification card.

Federally Insured by NCUA.

CHECK ORDER FORM – A FREE SET OF CHECKS WITH NEW CHECKING ACCOUNT

Name(s) _____ Account Number _____
 Street _____ Check Style – Dominion Energy Custom Check
 City/State/Zip _____ Starting Check Number _____
 Other Information _____ Please allow at least 10-14 business days for delivery.

FOR CREDIT UNION USE ONLY Check Verify _____ Checks Ordered – by _____
 Date of Membership _____ Opened/App’d by _____
 Private Teller Audio Response _____ Online Banking _____
 ATM/Debit Card _____ Email Services: Set up by _____
 CP for Debit Confirm. Sent _____

Rates and additional applications are available at DominionEnergyCU.org.

Return to: Dominion Energy Credit Union
 PO Box 26646, Richmond, VA 23261-6646

INTEROFFICE ADDRESS
 VA-Credit Union Operations – Boulders

Phone: 800-268-6928 • Fax: 804-521-2510 • Email: mycu@dominionenergy.com
Zix secure email: www.dominionenergycu.org/securemail

Dominion Energy Employees: Use My SAP Workspace.

All other members: To change your direct deposit, give this form to your employer. Please ask your employer if other forms or information is required.

Please change the account for my direct deposit.

Date

Company Making Direct Deposit

Company Address

City, State, Zip

Please begin making these automatic deposits into my new Dominion Energy Credit Union account.

My New Bank's Routing Number

My New Account Number

If you have any questions about this request, please call me. Thank you.

Name (please print)

Signature

Address

City, State, Zip

Telephone: Day / Evening (circle one)

A voided Dominion Energy Credit Union check (not a deposit slip) must be included with this request.

Send this form to your automatic payment vendors.

Please change accounts for my automatic payments.

Date Company Making Withdrawal

Company Address City, State, Zip

TO WHOM IT MAY CONCERN:

I have recently changed to Dominion Energy Credit Union. You are currently withdrawing \$ _____ each month from the following account:

My Old Bank My Old Bank's Routing Number

My Old Account Number

For (payment or reason) On (date of month)

Please stop making withdrawals from this account on (date: MM/DD/YY) ____ / ____ / ____ and start making them from my new Dominion Energy Credit Union account.

My New Bank's Routing Number My New Account Number

If you have any questions about this request, please call me. Thank you.

Name (please print) Signature

Address City, State, Zip

Telephone: Day / Evening (circle one)

A voided Dominion Energy Credit Union check (not a deposit slip) must be included with this request.

Send this form to your current financial institution.

Please close my account.

Date

Bank Name

Address

City, State, Zip

Checking Savings Other _____

TO WHOM IT MAY CONCERN:

Please close the following account number:

and send a check for the balance remaining to the address below:

Dominion Energy Credit Union
PO Box 26646
Richmond, VA 23261

If you have any questions about this request, please call me. Thank you.

Name (please print)

Signature

Co-Signer Name (please print)

Co-Signer Signature

Address

City, State, Zip

Telephone: Day / Evening (circle one)