



Membership & Account Application

Instructions for Becoming a Member

RiverLand Federal Credit Union membership is based on meeting our eligibility requirements. Eligibility is considered if you are employed by one of our Select Employer Groups or if you are an immediate family member of a current RiverLand member in good standing. The following family relationships are eligible for membership: spouse, child, grandchild, stepchild, parent, grandparent, stepparent, sibling, stepsibling, adoptive relationships, and household members.

To avoid delays in opening your RiverLand Federal Credit Union account, it is important that the ***Membership & Account Application*** (2 pages) is completed, signed, and returned along with **ALL** of the following items for **EACH** person on this account.

1. IDENTIFICATION – You must provide a valid driver’s license *or* state ID issued by your state of residence. We may request a second form of identification.

2. PROOF OF RESIDENCE – If your driver’s license or state ID does not have your current physical address, we may require one of the following for proof of residence: A) a recent utility bill (e.g. water, gas, electrical, cable, phone, etc.), providing the services are registered in your name for your current physical address, B) lease agreement with your name for your current physical address, or C) a mortgage statement with your name showing your current physical address.

3. MINIMUM INITIAL DEPOSIT REQUIRED – Savings Account \$5, Regular Checking Account \$25. If you are applying by mail, **do not send cash** - send only a check *or* money order.

Additional documentation may be requested.

**If you have questions or would like more information, please
call one of our friendly Member Service Representatives.
504•576•5800 or Toll-Free 800•586•4RCU (4728)**

Important Information About Procedures For Opening A New 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 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.

639 LOYOLA AVE - SUITE 220, NEW ORLEANS LA 70113 • RIVERLANDFCU.ORG • INTEROFFICE MAIL UNIT L-ENT-RCU
504.576.5800 • 800.586.4RCU (4728) TOLL-FREE • FAX 504.576.5805

Membership Eligibility ~ How are you eligible to become a member? (Check Only One)

- | | |
|---|---|
| <input type="checkbox"/> Entergy Corporation – Entergy Group? _____
<input type="checkbox"/> Arts Council of New Orleans
<input type="checkbox"/> River Port Pilots’ Association
<input type="checkbox"/> Crescent <input type="checkbox"/> NOBRA <input type="checkbox"/> BAR
<input type="checkbox"/> Other Select Employer Group – Employer? _____
<input type="checkbox"/> Individuals employed within the Poydras Plaza Complex – Employer? _____
<input type="checkbox"/> Family of a RiverLand FCU Member – Member Name? _____ | <input type="checkbox"/> Retiree of a listed employer
<input type="checkbox"/> Contractor of a listed employer
(mark the applicable employer’s box) |
|---|---|

I was referred by my coworker – Coworker Name? _____

Primary Account Holder *All information is required* (Please Print Clearly)

Last Name	First	Middle	Social Security Number	My Preferred Contact Method Is <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Paper Mail
Physical Address (No PO Box)			Apt/Unit #	Cell Phone # (Include Area Code)
City			State	Zip
Mailing Address (if different from Home Address – Include City, State & Zip)			Home Phone # (Include Area Code)	
Employer’s Name		Position/Title		My Preferred Phone Number Is <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
Employer Address (Include City, State & Zip)				
Home E-mail Address			Work E-mail Address	My Preferred E-mail Is <input type="checkbox"/> Home <input type="checkbox"/> Work
Driver’s License Number & State of Issue	Date of Birth	Place of Birth (City & State)		Mother’s Maiden Name

All new members must open a savings account to begin their RiverLand Federal Credit Union Membership

- Check the Account Type(s) You Are Opening:** Savings Checking Christmas Club
 Money Market Checking* Money Market Savings* Super Money Market Savings* (*Minimum Balances Apply)
 E-Statements** E-Receipts E-Notices (**Requires enrollment in Free Online Banking at riverlandfcu.org)

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, Money Market, & Loan

- | | |
|-------------------------------|-------------------------------|
| 1) Account # _____ Type _____ | 2) Account # _____ Type _____ |
| 3) Account # _____ Type _____ | 4) Account # _____ Type _____ |

I DO NOT want Checking Account Overdraft Protection

Debit Card

(Available only for checking account holders)

Check Order

- | | |
|--|---|
| <input type="checkbox"/> Process this application for my debit card
<input type="checkbox"/> Process this application for my joint owner(s) debit card(s)
<input type="checkbox"/> Do NOT process this application for a debit card | <input type="checkbox"/> Yes – Order one box of standard RiverLand checks*
<input type="checkbox"/> No – I do not want checks at this time
<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> |
|--|---|

Joint Owner Agreement without Right of Survivorship

RiverLand Federal 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 Federal 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 without 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 Federal 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 Federal Credit Union under this agreement shall not be changed or terminated by a said owner except by written notice to RiverLand Federal Credit Union, which shall not affect transactions theretofore made. Shares are not transferable except on the books of RiverLand Federal Credit Union.

Joint Account Holder (other than primary) *All information is required* Joint Account Holder (other than primary)

Last Name			First			Middle			Last Name			First			Middle														
My Preferred Contact Method Is: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Paper Mail									My Preferred Contact Method Is: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Paper Mail																				
My Preferred Phone Number Is: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home									My Preferred Phone Number Is: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home																				
My Preferred E-mail Is: <input type="checkbox"/> Home <input type="checkbox"/> Work									My Preferred E-mail Is: <input type="checkbox"/> Home <input type="checkbox"/> Work																				
Home Address				Apt/Unit #		Cell Phone #					Home Address				Apt/Unit #		Cell Phone #												
City			State			Zip			Work Phone #						City			State			Zip			Work Phone #					
Social Security Number				Date of Birth				Home Phone #					Social Security Number				Date of Birth				Home Phone #								
Home E-mail				Work E-mail					Home E-mail				Work E-mail																
Employer				Position/Title					Employer				Position/Title																
Employer Address, City, State, Zip				Driver's License Number & State					Employer Address, City, State, Zip				Driver's License Number & State																
Place of Birth				Mother's Maiden Name					Place of Birth				Mother's Maiden Name																

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

TIN and Backup Withholding Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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
- I am a U.S. citizen or other U.S. person, and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must 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. For real estate transactions, item 2 does not apply.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

Authorization and Application Agreement

By signing below, I/We hereby acknowledge receipt of the Membership and Account Agreement of RiverLand Federal 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 Federal 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 Federal Credit Union to others, as needed. I/We understand that this will assist RiverLand Federal Credit Union, in determining my initial and ongoing eligibility for my/our Accounts and/or in connection with making present and future credit opportunities available to me/us. 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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

X _____
Signature of Primary Member

X _____
Date

X _____
Signature of Joint Owner

X _____
Signature of Joint Owner

RiverLand Federal Credit Union Use Only

New Account # _____ Date of Membership _____ Opened By _____ Branch Location _____
 Credit Score _____ ChexSystems _____ Fresh Start Notices Presented By _____
 Account Card Presented By _____ Membership Packet Presented By _____ Verified By _____
 Check Order Date _____ Debit Order Date _____ Lower Limit/PIN Only Notices Presented By _____
 RFCU Family Accounts: # _____ # _____ Employee Acct. Help me! Ticket # _____ Sent By _____

Be Sure to Complete Both Pages of the Membership & Account Application

What You Need to Know about Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices (Courtesy Pay) that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account, which may be less expensive than our standard overdraft practices (Courtesy Pay). To learn more, ask us about these plans.

This notice explains our standard overdraft practices (Courtesy Pay).

What are the standard overdraft practices (Courtesy Pay) that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to:

- ATM transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if RiverLand Federal Credit Union pays my overdraft?

Under our standard overdraft practices (Courtesy Pay):

- We will charge you a fee of up to \$27.50 each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

What if I want RiverLand Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions, call 504-576-5800, visit riverlandfcu.org, or complete the form below and mail to: 639 Loyola Ave, Suite 220, New Orleans, LA 70113 or fax to 504-576-5805, or return it to any RiverLand Federal Credit Union branch.

I realize that I have an ongoing right to revoke this authorization at any time and I may do so by calling, online, by mail, by fax, or by visiting any RiverLand Federal Credit Union branch.

____ I **DO** want RiverLand Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

____ I **DO NOT** want RiverLand Federal Credit Union to authorize to pay overdrafts on my ATM and everyday debit card transactions.

____ I **DO NOT** want RiverLand Federal Credit Union to pay overdrafts on any transactions (including checks, ACH, automatic bill payments, and authorizations to pay ATM and everyday debit card transactions).

Signature of Primary Owner

Date

Name of Primary Owner (Please Print Clearly)

Checking Account Number

Be Sure to Complete This Page for ATM & Debit Card Overdraft Authorization (Courtesy Pay)