

Congrutulations on your decision to join Veritas Federal Credit Union!
You now have access to a variety of exceptional financial products and services, including all of the following:

#### **DEPOSIT ACCOUNTS**

- Share Savings
- Maximizer Checking
- Opportunity Checking
- Youth Savings Accounts
- Christmas Club
- IRA Share

### **INVESTMENT OPPORTUNITIES**

- Certificates
- Educational IRA
- Roth IRAs
- IRA Certificates
- Money Market Savings

#### **LOAN SERVICES**

- New/Used Vehicle Loans
- Lease Buy Out Vehicle Loans
- Motorcycle/Boat/RV/ATV Loans
- Personal Loans
- Collateral Loans
- Signature Loans
- First Mortgage Loans
- Home Equity Line-of-Credit
- Shared Secured Loans
- Vacation/Holiday Loans
- VISA Platinum and Classic

#### **ADDITIONAL SERVICES**

- ePay Bill Pay
- eBanking
- eMobile App
- eStatements
- Remote Deposit Capture (RDC)
- Direct Deposit
- Wire Transfers
- ATM/Debit Card
- Money Orders/Cashiers Checks
- Notary Service
- Automatic Transfers
- A2A Transfers

## **VFCU ELIGIBILITY**

Established in 1973 as Nissan's exclusive credit union, Veritas Federal Credit Union has expanded our services to numerous Select Employee Groups (SEGs) throughout the United States.

Veritas Federal Credit Union offers exceptional financial products and service for our SEGs, which include their affiliates, contractors, suppliers, external partners, associates, retirees, and family members.

Individuals who live, work, worship or attend school in certain areas of Smyrna, TN and Canton, MS are eligible to join.

To verify your eligibility, please contact one of our member service representatives.

# **HOW TO REACH US**

info@veritasfcu.org www.veritasfcu.org

Veritas FCU PO Box 2659 Smyrna, TN 37167

Toll-Free: 855.663.8328 Fax: 615-288-5024



Veritas Federal Credit Union, federally chartered in 1973, is a Federally Insured Credit Union under the authority of The National Credit Union Administration. Shares insured to \$250,000 by the NCUSIF.









	MEMBER/PRIMAF	RY OWNER NAME		
Name		Social Security Number		
		Driver's License #/ State /Exp. Date		
Street		City, State, Zip		
Home Phone	Work Phone	Mobile Phone		
E-mail Address				
	ELIGII	BILITY		
eligible are all retires and f partners, and associates w Individuals who live, work,	amily members from any of the Nissan groorking at any of the Nissan facilities.	yed by any Nissan affiliated company in the United States. Also roups, and employees of affiliates, contractors, suppliers, externated of Smyrna, TN and Canton MS are eligible to join. In addition, xisting VFCU members may join.		
	JOINT (	OWNER		
Name		Social Security Number		
Date of Birth		Driver's License #/ State /Exp. Date		
Street		City, State, Zip		
Home Phone	Work Phone	Mobile Phone		
E-mail Address				
	BENEFICIARY	INFORMATION		
Name		Relationship		
		Social Security		
Street		City, State, Zip		
	SERVICES F	REQUESTED		
Savings Checking	Youth Account IRA Sh			
backup withholding because: ( subject to backup withholding	ertify that: (1) the number shown on this form is (a) I am exempt from backup withholding, or (b)	JP WITHHOLDING INFORMATION my correct Taxpayer Identification Number (TIN); (2) I am not subject to b) I have not been notified by the Internal Revenue Service (IRS) that I am dividends, or (c) the IRS has notified me that I am no longer subject to back or FATCA reporting.		
Check this box if you are	subject to backup withholding under the provisi	sions of section 3406 (a) (1) (C) of the Internal Revenue Code.		
In this Membership Application		N & SIGNATURES rrson who signs below. "You" and "Your" mean Veritas Federal Credit Uni		
Description to the second	l list f			

By signing the application, I agree to the terms and conditions for any Account(s) opened or to be opened under the Account Number(s) given to this application. I also agree to the terms and conditions for these accounts as stated in the Truth-in-savings Disclosure entitled "Understanding Your Account," a copy of which has been given, or will be mailed upon opening of this account.

Any person named as joint owner on this application will also share ownership of any account(s) opened or to be opened under the Account Number(s) given to this application.

I authorize you to obtain whatever credit, checking account and employment information you consider appropriate from time-to-time. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account. You may also request subsequent consumer reports in connection with a review, update, renewal or extension of my account(s) without additional notice to me. The stated information and authorizations can only be changed by submitting another completed Account application. If this application is to amend prior account(s), this application revokes any prior authorization regarding this account.

By sharing my e-mail address with VFCU, I consent to receiving account disclosures electronically and to receiving promotional messages. Should I wish not to receive additional promotional messages, instructions to opt out will be provided. Periodic account statements will be provided electronically to the e-mail address on file upon opt-in.

Member Signature	Date	
Joint Owner Signature	Date	

Please include these items if mailing your application or present them at the time of opening an account:

- Legible photocopy of a Valid Driver's License and State or U.S. Government issued ID for each applicant
- \$25 check or money order (the minimum balance required to open a basic savings account)