

Membership Application

Become a proud owner of allU.S. Credit Union



1 ELIGIBILITY Please complete entire form, check boxes for services requested and sign on page 2.

<input type="checkbox"/> An employee of _____	<input type="checkbox"/> Association Member of _____
<input type="checkbox"/> Relation to a member of allU.S. Credit Union	
Name _____	Account No. of Member _____
Relationship to Member _____	Phone Number _____

2 MEMBER INFORMATION Note: Any joint owner listed will be joint on all accounts, except IRAs.

Primary Owner Name _____	Email Address _____	Joint Owner Name _____	Email Address _____		
Home Street Address _____		Home Street Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Date of Birth _____	Social Security No. _____	Driver's License No. _____	Date of Birth _____	Social Security No. _____	Driver's License No. _____
Mother's Maiden Name _____	Home Phone _____	Work Phone _____	Mother's Maiden Name _____	Home Phone _____	Work Phone _____
Employer _____	Occupation _____	Monthly Salary \$ _____	Employer _____	Occupation _____	Monthly Salary \$ _____

Pay-on-Death (P.O.D.) Beneficiary(ies): In the event of my death, or if there is more than one owner of the account, in the event of death of all the owners, the owner (s) hereby designate as my/our beneficiary (ies) to receive all sums in my/our account established on this form. **Note:** All accounts (except IRA account) will have the same beneficiaries.

Name of Beneficiary _____	Phone No. _____	Name of Beneficiary _____	Phone No. _____
Address _____	Social Security No. _____	Address _____	Social Security No. _____
Date of Birth _____	Percent of Account % _____	Date of Birth _____	Percent of Account % _____

3 CHOOSE SERVICE AND INDICATE INITIAL DEPOSIT (Contact the Credit Union for Share Term Certificate and IRA Accounts)

<input type="checkbox"/> Deposit to Savings Account (\$5 Membership fee- \$25 Minimum Deposit):	\$ _____
<input type="checkbox"/> Regular Checking Account:	\$ _____
<input type="checkbox"/> Direct Deposit:	\$ _____
(For Checking Accounts complete section below)	
<input type="checkbox"/> Market Rate Account (\$2,500. minimum deposit)	\$ _____
<input type="checkbox"/> Debit Card <input type="checkbox"/> Primary Member <input type="checkbox"/> Joint Member <input type="checkbox"/> eStatements <input type="checkbox"/> Money Desktop <input type="checkbox"/> Telephone Teller <input type="checkbox"/> My eBranch	
<input type="checkbox"/> Bill Pay Service <input type="checkbox"/> Mobile Banking <input type="checkbox"/> Remote Deposit Capture (allWorld) <input type="checkbox"/> Online Banking	
Total Initial Deposit	\$ _____

4 CHECKING OVERDRAFT OPTIONS

Please pay any Overdrafts from the following Accounts:

Savings VISA Credit Card First from Savings, then from VISA Credit Card First from VISA Credit Card, then from Savings

Overdraft Line-of-Credits Loans are subject to the Terms and Conditions contained in the Loan Agreement and Disclosure, which is incorporated by this reference.

5 TIN Certification and Backup Withholding Information (See "instructions for reporting Taxpayer Identification No.")

My Taxpayer Identification No. is (Social Security No.) _____

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct Taxpayer Identification Number, 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, and (3) I am a US person (including a US resident alien).

Instructions: 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. Cross out item 3 and complete a W-8 BEN if you are not a US person.

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

Membership Application

Account No. _____

6 ACKNOWLEDGEMENT & SIGNATURE

I hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of allU.S. Credit Union. I acknowledge receipt of the Truth-in-Savings, Electronic Services Disclosure and Agreement, and the Schedule of Fees, Dividend Schedule, and the Dividend Rate Notice, and agree to be bound by their terms and conditions. My signature below and use of the account will confirm my agreement to be bound and my acceptance of the Agreement.

Primary Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____

AGREEMENT In this Membership Invitation "I", "ME" and "My" mean each and every person who signs on page 2. "You" and "Your" mean allU.S. Credit Union. If I am not currently a member, I hereby make an application for membership in allU.S. Credit Union. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Truth in Savings Disclosure, the Share Term Certificate and Individual Retirement Certificate account agreement (if applicable), and electronic services disclosure and agreement (receipt of all of which is hereby acknowledged and which is incorporated by this preference). I understand and agree that this Membership Application shall govern the savings account, the checking account, debit card, credit card, My e-branch, telephone teller and other accounts/services designated by me on sheet 1. I authorize you to open other account(s) for me in person or per my telephone request.

Customer identification program notice: Pursuant to Federal Law, the Credit Union is required to verify the identity of any person seeking to open an Account or add a signer or joint owner to any Account and must maintain records of information used to verify the person's identity.

I authorize you to gather 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. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Signature Card and any other information you may receive.

"I hereby give you my express consent to place telephone calls to me regarding any account I now or later maintain with your financial institution at any number I gave you or you independently obtain from any other source including, but limited to, any number assigned to a cell phone or other wireless device. In placing those calls, you may use any available technology including, but limited to, automatic telephone dialing systems and/or artificial or prerecorded voice equipment."

Signature and Identification Verification

For verification, of signature and identification all applicants (Primary & Joint) must have two forms of identification. The following are considered "Primary" Identification: current and valid Driver's License, State ID Card, Military Identification and/or other accepted Photo ID. The following are examples of "Secondary ID" and must accompany "Primary ID": Insurance Card, Credit Card, Social Security Card, Utility Bill, Student ID Card, etc.



For Credit Union Use Only

Membership Approval _____

Membership Officer _____ Date _____

Opened/Ordered By _____ Date _____

Savings _____

Checking _____

Chex Systems _____

Check Order _____

Overdraft _____

Debit Card(s) _____

