

# E-CENTRAL MEMBERSHIP APPLICATION

**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 me: When I open an Account, you will ask you for my name, address, date of birth, and other information that will allow you to identify me. You may also make a copy of my driver's license or other identifying documents.

<b>Primary Member</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Date of Birth	Social Security Number	

Last Name	First	Middle Initial		
Home Address (No P.O. BOX)	Unit #	City	State	Zip
Driver's License #	Home Phone			
E-Mail Address	Cell Phone			
Place of Birth	Mother's Maiden Name			
Company Name (Employer)	Work Phone			
Company Address	City	State	Zip	

<b>Joint Owner</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Date of Birth	Social Security Number	

Last Name	First	Middle Initial		
Home Address (No P.O. BOX)	Unit #	City	State	Zip
Driver's License #	Home Phone			
E-Mail Address	Cell Phone			
Place of Birth	Mother's Maiden Name			
Company Name (Employer)	Work Phone			
Company Address	City	State	Zip	

## Membership Eligibility (please check one)

Employee at a Select Employee Group  
  Family Member  
 \_\_\_\_\_ Name of Member  
 \_\_\_\_\_ Relationship  
 \_\_\_\_\_ Acct. #  
  Other: \_\_\_\_\_

## Choose and Deposit (please include a copy of your driver's license or state ID)

Select one or more	Minimum Deposit	Initial Deposit
<input checked="" type="checkbox"/> Primary Savings	\$25	_____
Select a Checking Account		
<input type="checkbox"/> E-Free Checking*	\$0	_____
<input type="checkbox"/> Premium Value Checking*	\$0	_____
<input type="checkbox"/> E-Builder Checking*	\$250	_____
<input type="checkbox"/> Money Market Savings	\$2,500	_____
<input type="checkbox"/> Certificate Term _____	\$1,000	_____
<input type="checkbox"/> Holiday Savings	\$10	_____
<input type="checkbox"/> Personal Savings	\$10	_____
<b>Total \$</b>		_____

## Overdraft Protection for Checking

- Link my Savings Account to cover any overdrafts. (Included)
- Use Courtesy Pay to cover any overdrafts on paper checks and recurring electronic transactions. (Included)\*\*
- I would like to learn more how Courtesy Pay can cover everyday transactions so I have maximum protection.\*\*
- For additional protection, I would like a Personal Line of Credit linked.\*
- I do not want my Savings Account linked.
- I do not want Courtesy Pay.

\*For E-Free: There is no monthly service fee. For Premium Value: If balance is below \$500, a \$5.00 monthly fee is charged. For E-Builder: A \$10.00 monthly fee, plus certain restrictions apply. \*\*An overdraft will occur when you do not have enough money in your account to cover a transaction, but we pay it anyway. For Courtesy Pay and all other fees, refer to our Schedule of Fees and Charges.  
 \*Requires a completed Consumer Loan Application and subject to credit approval.

## Beneficiary / Pay On Death (P.O.D.) Payees

The following beneficiary(ies) is/are to receive the proceeds of this membership, excluding IRA funds, at my death. If this is a Joint Account (more than one owner) the beneficiary(ies) is/are to receive the proceeds of this membership only upon death of all Joint Owners. Beneficiaries will receive proceeds in equal shares unless another percentage is indicated.

Beneficiary / P.O.D. Payee Name	Address	City	State	Zip	Soc. Sec. Number	D.O.B.	Percentage
Beneficiary / P.O.D. Payee Name	Address	City	State	Zip	Soc. Sec. Number	D.O.B.	Percentage

## Taxpayer Identification Number (TIN) Certification

Under penalties of perjury, by signing below, I certify that: (1) 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 (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, or (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; and (4) 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. If you are not a U.S. person, then cross out item 3 and complete a W-8 BEN. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

## Agreement & Signature

I/We agree to be bound by the terms and conditions applicable to each account and/or service requested, as contained in the Truth-In-Savings Disclosure and Electronic Services Disclosure, and the Credit Union's Bylaws, all of which are incorporated by this reference. I/We authorize the Credit Union to gather whatever credit, checking account and employment information the Credit Union considers appropriate from time to time. I/We understand that this will assist the Credit Union, for example, in determining my/our initial and ongoing eligibility for my/our account and/or in connection with making future credit opportunities available to me/us. I/We authorize the Credit Union to give information concerning its experiences with me/us to others subject to applicable law. All funds paid into any account shall be considered as being held by each owner of that account equally, with the right of survivorship and regardless of net contribution, and that the Credit Union is under no obligation to inquire as to the source of any contribution. The Credit Union is authorized to recognize any of the signatures below for transactions of any business on any account on which that party is named as an owner.

I/We hereby irrevocably appoint the E Central Board of Directors by majority vote to appoint a proxy as my/our attorney in fact to represent me/us at all meetings of the members of this Credit Union, to vote for me/us in my/our name on all questions and elections coming before said meetings, to give consents and in all other ways to act for me/us. This proxy shall remain in force for three (3) years from the date set forth herein below, unless revoked by me/us by a subsequent proxy, or otherwise in writing, and I/WE RESERVE THE RIGHT TO WITHDRAW THIS PROXY FROM ANY MEETING I/WE ATTEND AND VOTE AT IN PERSON.

Signature of U.S. Person & Primary Account Owner	Date
Joint Owner Signature	Date

Credit Union Branch: Use Only	Approved by:	Teller #:	Date: Acct. #:
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