

Members Choice Federal Credit Union - Membership Application

To Apply, Print this Application (set page margins to Top=.25, L=.25, R=.25, Bot=.5), Complete it and take it to the Credit Union or Mail it to:
Membership, Members Choice FCU, 520 W. Patterson, Bloomington, IN 47403.

----- Account Type -----

<input type="checkbox"/> Share/Savings _____ <input type="checkbox"/> Share Draft/Checking _____ <input type="checkbox"/> Term Share/Certificate _____	<input type="checkbox"/> Money Market _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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----- TIN Certification and Backup Withholding Information -----

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

<input type="checkbox"/> I am subject to backup withholding	<input type="checkbox"/> I am not a United States citizen or resident (complete W-8 form)
<input type="checkbox"/> Exempt	

----- Member Application and Information -----

Member _____	Account No. (leave blank) _____
Address _____	SSN/TIN _____
_____	Driver's Lic. No. _____
Phone Home (____) _____	Date of Birth _____
Phone Work (____) _____	Mother's Maiden Name _____
Employment _____	Membership Eligibility _____

----- Authorization -----

By signing below, I/We 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 which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

X _____	_____	X _____	_____
Member Signature	Date	Member Signature	Date
X _____	_____	X _____	_____
Member Signature	Date	Member Signature	Date

----- Account Services -----

<input type="checkbox"/> Payroll Deduction/Direct Deposit <input type="checkbox"/> Overdraft Protection (Transfer Priority) <input type="checkbox"/> _____	<input type="checkbox"/> ATM Card/EFT Service _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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----- Account Ownership -----

Designate the ownership of the accounts and responsibility for the services requested.

Single Party
 Multiple Party with Survivorship
 Multiple Party without Survivorship (Beneficiaries Not Allowed)

Account Owner _____ Address _____ _____ Phone Home (____) _____ Work (____) _____ Account Owner _____ Address _____ _____ Phone Home (____) _____ Work (____) _____ Other _____	SSN/TIN _____ Driver's Lic. No. _____ Date of Birth _____ Mother's Maiden Name _____ SSN/TIN _____ Driver's Lic. No. _____ Date of Birth _____ Mother's Maiden Name _____ <input type="checkbox"/> See Account Authorization Card
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----- Account Designations -----

Beneficiary Account
 All accounts - (except draft)
 Designate specific account(s) - (not draft)

Beneficiary _____	Beneficiary _____
Address _____	Address _____

UTTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN _____

Agency Name of Agent _____

All Accounts
 Designate specific account(s) _____