



NEW MEMBERSHIP APPLICATION

Applicants must meet EECU Field of Membership requirements, maintain a minimum balance of \$5.00 in a Savings Account (which is equal to one share in the Credit Union) and return completed application along with a copy of a driver's license and social security card. All persons applying authorize EECU to obtain a copy of their current Credit Report, as well as a Chex Systems Report if applicable. Applications may be brought into one of the EECU branch locations, faxed to: 517.787.4067, or mailed to: EECU, P.O. Box 4100, Jackson, MI 49204-4100. If mailing, the required \$5.00 minimum balance must be by check or money order. Please do not send cash through the mail.

Primary Member:	Member Number:
Street Address:	SSN/TIN:
City/State/Zip:	Driver's Lic./ID #: _____ DL State: _____
Home Phone:	Date of Birth:
Work Phone:	Membership Eligibility: (Please mark all that apply below)
E-Mail:	<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Worship <input type="checkbox"/> Attend School
Employer:	In the County of: <input type="checkbox"/> Jackson <input type="checkbox"/> Hillsdale <input type="checkbox"/> Lenawee
Mother's Maiden Name:	Relative of: _____ Relationship: _____
Joint Member:	Member Number:
Street Address:	SSN/TIN:
City/State/Zip:	Driver's Lic./ID #: _____ DL State: _____
Home Phone:	Date of Birth:
Work Phone:	Membership Eligibility: (Please mark all that apply below)
E-Mail:	<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Worship <input type="checkbox"/> Attend School
Employer:	In the County of: <input type="checkbox"/> Jackson <input type="checkbox"/> Hillsdale <input type="checkbox"/> Lenawee
Mother's Maiden Name:	Relative of: _____ Relationship: _____
Joint Member:	Member Number:
Street Address:	SSN/TIN:
City/State/Zip:	Driver's Lic./ID #: _____ DL State: _____
Home Phone:	Date of Birth:
Work Phone:	Membership Eligibility: (Please mark all that apply below)
E-Mail:	<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Worship <input type="checkbox"/> Attend School
Employer:	In the County of: <input type="checkbox"/> Jackson <input type="checkbox"/> Hillsdale <input type="checkbox"/> Lenawee
Mother's Maiden Name:	Relative of: _____ Relationship: _____

Checking Account:
Please Choose One: <input type="checkbox"/> Traditional Checking <input type="checkbox"/> Advantage Checking (minimum \$5,000 deposit)
Number of boxes ordered: <input type="checkbox"/> 1 Box <input type="checkbox"/> 2 Boxes <input type="checkbox"/> 3 Boxes ___ Boxes
Check style (if known): _____

Information to be Printed on Checks: (please mark all that apply)		
Name(s):	<input type="checkbox"/> Primary Member	<input type="checkbox"/> Joint Member #1 <input type="checkbox"/> Joint Member #2
Driver's License:	<input type="checkbox"/> Primary Member	<input type="checkbox"/> Joint Member #1 <input type="checkbox"/> Joint Member #2
	<input type="checkbox"/> Address (primary member only)	<input type="checkbox"/> Phone Number (primary member only)

Call EECU for check styles & prices. All check orders will begin with #501 unless otherwise requested.

Additional Services:

- ATM & Check Card ATM Card Joint Card to be issued in the name of: _____
- Savings Overdraft Protection from the following share suffix(es): (1) _____, (2) _____, (3) _____
- Direct Deposit/Payroll Deduction 24-Hour Audio Response Online Banking & Bill Pay

Beneficiary Designation:

Please do not list joint members as beneficiaries.

Full Name _____ Social Security # _____ Date of Birth _____

Full Name _____ Social Security # _____ Date of Birth _____

Full Name _____ Social Security # _____ Date of Birth _____

Full Name _____ Social Security # _____ Date of Birth _____

TIN Certification and Backup Withholding Information:

By signing below I/we agree to the terms and acknowledge receipt of the Membership and Account Agreement, Truth-In-Savings Rate and Fee Schedule Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. If an access card or EFT service is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number; (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. person (including a U.S. resident alien). Certification Instructions: Cross out item (2) above if the IRS has notified you 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 U.S. person.

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

Authorization:

Primary Member Signature

Date

Joint Member Signature

Date

Joint Member Signature

Date

For Credit Union Use Only:

EECU Staff: _____ Date: _____ Disclosures: _____ OFAC: _____ Date: _____ Credit Report: _____

Chex Systems: _____ Date: _____ Checks Ordered by: _____ Date: _____

Checking Approved by: _____ Denied by: _____ Reason: _____ Date: _____

ATM & Check Card Approved by: _____ Denied by: _____ Reason: _____ Date: _____

Denial Letter Sent: _____ Member Photo: _____ Added Account to System: _____ Membership Officer: _____