



# Membership Application

<b>Eligibility for Membership</b>	Membership Number	Opened By/Office	Membership Date
	Personal/Club/Business		
	Account Ownership Individual                      Joint with survivorship                      Joint without survivorship		

**Primary Owner Information**

Full Name (First, Middle Initial, Last)	SSN / EIN Number
Birth Date	Home Phone                      Cell Phone Number
Mailing Address	Physical Address (if different from mailing)
City, State, Zip	City, State, Zip
Photo I.D. type (ex: Driver's Lic, Student I.D., Passport, Other Government issue) / Number / State or Country	Issue Date              Expiration Date      Comments:
Second I.D Information	Issue Date              Expiration Date      Comments:
Employer name & address	Employer Phone/EXT.      Email Address

**Account Type**

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the Credit Union is notified in writing of a change.

Suffix*	Suffix*
Share/Savings                      _____	Living Trust                      _____
Share Certificate                      _____	Money Market                      _____
Share Draft/Checking                      _____	Other                      _____

\*The account number for each of the accounts listed above consists of the suffix added to the member number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

**Joint Owner Information**

Full Name (First, Middle Initial, Last)	SSN / EIN Number
Birth Date	Home Phone                      Cell Phone Number
Mailing Address	Physical Address (if different from mailing)
City, State, Zip	City, State, Zip
Photo I.D. type (ex: Driver's Lic, Student I.D., Passport, Other Government issue) / Number / State or Country	Issue Date              Expiration Date      Comments:
Second I.D Information	Issue Date              Expiration Date      Comments:
Employer name & address	Employer Phone/EXT.      Email Address

**Joint Owner Information**

Full Name (First, Middle Initial, Last)	SSN / EIN Number
Birth Date	Home Phone                      Cell Phone Number
Mailing Address	Physical Address (if different from mailing)
City, State, Zip	City, State, Zip
Photo I.D. type (ex: Driver's Lic, Student I.D., Passport, Other Government issue) / Number / State or Country	Issue Date              Expiration Date      Comments:
Second I.D Information	Issue Date              Expiration Date      Comments:
Employer name & address	Employer Phone/EXT.      Email Address

**Account Designations**

**Payable on Death (POD)/Trust Account**      None      All accounts  
Designate specific account(s) \_\_\_\_\_

Beneficiary/POD Payee	Beneficiary/POD Payee
Present Address of Payee	Present Address of Payee

Agency      Name of Agent: \_\_\_\_\_      Signature of Agent X \_\_\_\_\_  
All accounts      Designate specific account(s) \_\_\_\_\_

**UTTMA/UGMA (As Custodian For** \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to minors act)  
Minor's Social Security Number \_\_\_\_\_

**OTHER** \_\_\_\_\_

**Business and Other Organizations**

Certified Articles of Incorporation      Dated: \_\_\_\_\_      State of: \_\_\_\_\_  
Partnership Agreement      Dated: \_\_\_\_\_      Names of Partners: \_\_\_\_\_  
Business License No. \_\_\_\_\_      Dated: \_\_\_\_\_      Issuing Authority \_\_\_\_\_      Expiration Date: \_\_\_\_\_  
Trust Instrument      Dated: \_\_\_\_\_      Name of Guantor(s): \_\_\_\_\_  
Other documents showing existence of entity(describe) \_\_\_\_\_  
Financial Statement of Business (describe business) \_\_\_\_\_

**Tin Certification and Backup Withholding Information**

**Under penalties of perjury, I certify that:**

- The number shown on this form is my correct taxpayer identification number,
- 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 I am a U.S. person (including a U.S. resident alien).
- Certification 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 U.S.person.

**Important Information About Procedures for Opening A New Account**

In accordance with the U.S. Patriot Act, Federal Law requires all financial institutions to obtain, verify and record information that identifies each individual or entity opening an account.

**What This Means To Our Members:** When you open an account, you will be asked for your name, address, social security or tax identification number, date of birth, if applicable and other information that will allow the Credit Union to identify you. You will also be asked to furnish your driver's license or other identifying documents. We are required to follow this procedure each time an account is opened, even if you are a current member of the Credit Union.

**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 access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

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

**Deposit Insurance Agreement**

By signing below, I/we understand the following disclosure statement: This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money.

x _____ <b>Signature 1</b> <b>Date</b>	x _____ <b>Signature 2</b> <b>Date</b>
x _____ <b>Signature 3</b> <b>Date</b>	x _____ <b>Signature 4</b> <b>Date</b>

**For Credit Union Use Only - MRO**

**State any discrepancy in the identity information provided discovered through the identity verification process and resolution of the discrepancy or any nondocumentary verification used as identification.**

\_\_\_\_\_

Credit Bureau \_\_\_\_\_      Check verify: \_\_\_\_\_      ATM Card      Debit Card      PC Access/Internet Banking  
Audio Response      Overdraft protection      Credit Card  
Pin Request \_\_\_\_\_      Other (list) \_\_\_\_\_

**Staff Completion Documentation**

Verification Completion Date : \_\_\_\_\_ By: \_\_\_\_\_      Government List(s) Checked:      Treasury CIP List      OFAC  
List Verification Completion Date: \_\_\_\_\_ By: \_\_\_\_\_      Other: \_\_\_\_\_

**Attention New Members**

Funds Availability/Check Hold Agreement-see membership booklet for initial disclosure.

**SUMMARY OF POLICY FOR NEW ACCOUNTS:**

1. When opening a "new" account for a member with a check in the amount of \$100.00 or more we will require the check to be deposited into the member's account and a 7-day hold will be placed on it.
2. During this time we will make the first \$100.00 (of the aggregate deposit of checks) or the total amount if it is less than \$100.00, **available the next business day.**
3. All items may be held during the new account period regardless of covering balance.
4. At any time, we may choose any availability schedule for checks during the New Account Status.

**SUMMARY OF POLICY FOR ACCOUNTS OLDER THAN 30 DAYS:**

This policy states the number of business days **indicating the maximum time limits** (check hold) for making funds available on accounts that have been opened for longer than 30 days.

- Funds from cash and electronic deposits will be made available on the day we receive the deposit.
- All checks not listed in appendix "A", will be placed on hold for 2-days.

**For all check deposits not listed in appendix "A":**

1. The first \$100.00 of a deposit will be made available the **next business day.**
2. The remainder of the funds will be made available for withdrawal at the **start of the second business day following the banking day of deposit.**

**Exceptions to the Availability Schedule:**

Regulation CC allows and we may impose longer holds regarding certain exceptions to our schedule listed above, provided extensions are reasonable. **A "reasonable" time is generally considered, but not limited to, seven additional business days and no longer than 30 days.**

**If we believe to have reasonable cause to doubt the collect ability of a check, we may impose longer holds provided the amount of time is "reasonable."**

Appendix "A"

1. US Treasury checks, 2.US Postal Service money orders, 3. Federal Reserve Bank checks, 4.Federal Home Loan Bank checks, 5. State or Local Government checks, 6. Cashier's, Certified, or Teller's checks, 7. Check drawn on an account held by Millstream Area Credit Union

I understand that for the **first thirty (30)** days of my membership at Millstream Area Credit Union my account is subject to the New Account Check Hold Policy. I agree to the terms and conditions of said policy.

Furthermore, I understand that by depositing any check into my account, no matter the payee, I am accepting responsibility for said check. In the event that any check deposited to my account is returned to the Credit Union for any reason and is not payable, I agree to reimburse the Credit Union the amount of the check as well as pay any applicable fee, as stated in the Schedule of Fees and Charges, within 10 days of notification that the check was not honored.

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature 1 Date Signature 2 Date

**Courtesy Pay Notice (Share Draft Accounts Only)**

Your new Share Draft Account comes equipped with overdraft protection called Courtesy Pay. Courtesy Pay will pay Non-Sufficient funds up to \$500.00, to save the embarrassment of a bounced check. A fee of \$35.00 per item will be charged for this service. This product will be automatically activated after 60 Days, **provided you opt- in**, unless:

1. You decide not to opt in to Courtesy Pay
2. Your Share Draft Account has any NSF activity within the first 60 days.
3. Any/all share accounts are negative within the first 60 days.
4. Any/all loan/credit accounts are delinquent.

**Note: Millstream Area Credit Union reserves the right to refuse/revoke/suspend Courtesy Pay from any account.**

I have received the Courtesy Pay/Overdraft Notice explaining standard practice, in a form that I can keep. I agree to the terms and conditions of the Courtesy Pay/Overdraft Program.

X \_\_\_\_\_ X \_\_\_\_\_  
 Primary Member Signature Date Joint Owner/Joint Member/Representative/Guardian Signature Date

**Effective January 1, 2010**

Cashier Checks - one free per day	\$	1.00 each
Money Orders	\$	1.00 each
Wire Transfer (International-outgoing)	\$	35.00 each
Wire Transfer (International-incoming)	\$	35.00 each
Wire Transfer (Outgoing)	\$	15.00 each
Wire Transfer (Incoming)	\$	5.00 each
Return of Deposited Check (Business Account)	\$	25.00 each
Return of Deposited Check (Personal Account)	\$	10.00 each
Additional Copies of Statement	\$	5.00/ stmt
Account Balancing Assistance (2 free/year)	\$	25.00/hour
ACH Return for Nonsufficient Funds	\$	35.00 each
ACH Origination Return Fee	\$	35.00 each
ATM Surcharge (non members only)	\$	2.00 each
Stop Payment on Share Draft or ACH (share draft on web)	\$	15.00 each (web-\$5.00 each)
Automatic Transfer from Overdraft	\$	2.00 each
Copy of Share Draft- CU provided (Internet is free)	\$	10.00 each
Share Draft Returns for NSF	\$	35.00 each
Share Draft/ Check Printing		price may vary
Return Mail Fee	\$	5.00/ month
Garnishments & Tax Levies	\$	25.00 each
Christmas Club Early Withdraw Fee	\$	5.00 each
Loan Processing Fee	\$	1% of amt borrowed; max \$75
Loan Late Payment Fee	\$	10% of mo pymt; max \$50
Home Equity Application Fee	\$	150.00 each
Satisfaction of Mortgage Fee	\$	50.00 each
Loan Application Fee (after 2 denials in 2 months)	\$	15.00 each
Incoming/Outgoing Faxes	\$	1.00/ page
IRA Yearly Maintenance Fee (based on acct value)	\$	10.00/ year
IRA New Account Fee (based on acct value)	\$	5.00 each
IRA Close Account Fee	\$	25.00
VISA Debit Card Dispute - Chargeback	\$	25.00 each
VISA Debit International Service Assessment Fee	\$	1% of the amount of debit
Check Cashing (Account Rules Apply)	\$	10.00/ check
Foreign Check Deposit Fee	\$	25.00/ check
Account Re-opened fee (within 60 days of closing)	\$	15.00
ATM/ Debit/ VISA Card Replacement	\$	10.00/ card
ATM/ Debit Transaction Fee (using non MACU ATMs)	\$	5.00/ month
Dormant Account Fee (no activity for 12 mths)	\$	1.00 each
Cruisin '55 Checking (below minimum balance)	\$	5.00/ month
GAP Insurance Policy (loan rules apply)	\$	225.00
CarFax Report	\$	29.99
VSI Fee (applies only to Automobiles, RVs, and Boats)	\$	23.00 per loan
VISA Credit Card Over Limit Fee	\$	35.00/ month
VISA Late Payment Fee	\$	35.00/ month
VISA Returned Payment Fee	\$	35.00/ month
VISA Credit International Service Assessment Fee		3% of the transaction amount
VISA Balance Transfer Fee		1% of the amount of transfer
VISA Balance Research Fee	\$	25.00/ hour (minimum charge of 1hr)
VISA Statement Copy Fee	\$	1.00/ copy
VISA Cash Advance Fee	\$	5.00 or 3% of the advance, whichever is greater

X

Signature 1

Date

X

Signature 2

Date