

MEMBERSHIP APPLICATION

Membership Number

PRIMARY OV	WNIFR			
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			Issue Date	/_/
ocial Security Number #	Identification Type			·
r. 🗆 Mrs. 🗆 Ms. 🗆 Miss 🗆 📙	· N I	Middle Initial Last Name		/_/
) ome Phone	Work Phone ext	Cell Phone	Email	
	Welk i Helie			
nysical Address		City	State	Zip
ailing Address (if different than	physical)	City	State	Zip
mployer		Occupation		
		·	ACCOUNT	T ODTIONS
ELIGIBILITY (Se			ACCOUN	T OPTIONS
			☐ Savings (\$25 min. de	eposit)
Federal Government Emplo	yee (Dept. and Location):		☐ Ultimate Checking (\$25 min. deposit)	
Employee Benefit (Company Name):				
Immediate Family Member	(Family Member Name):		☐ Money Market (\$2,500 min. deposit)	
Live, work, worship or attend school in Orange County:			☐ Share Certificate (\$2,000 min. deposit)	
City name:			☐ Circus Club (Age 0-1	2) (\$5 min. deposit)
Company name, location:			☐ Green Team (Age 13-17) (\$5 min. deposit	
Church name, location:				
School name, location:			☐ Other:	
ere you referred to Eagle by a	an existing member? Yes 🗆 No 🗆			
yes, member's full name:				
JOINT OWI	MED			
301111 0111	VLIV			
			Issue Date	/ /
ocial Security Number #	•	State and ID#		
r. 🗆 Mrs. 🗆 Ms. 🗆 Miss 🗆 🔓	irst Name	Middle Initial Last Name		Date of Birth
,	,	,		Date of Birth
	Work Phone	Cell Phone		
nysical Address		City	State	Zip
		1.1		
mployer		Occupation		
s the primary owner, my signa	ature below authorizes the joint owr	ner unlimited access to all accounts, exce	pt for the following	
DENICIARYINE				
BENEFICIARY INFO	DRIMATION			
		Delekienski		
ame	, , ,	Relationship		
ocial Security Number #	Date of Birth Hon	me Phone		
		account, in the event of death of all the ow	vners, I/we hereby designate my/o	our beneficiary(ies)
	<u> </u>	d on this form unless otherwise noted.		
EAGLE TEAM MEMB			, .	
\$1 one-time membership fe	е Сору о	of identification	amount enclosed:	
or other				



MEMBERSHIP APPLICATION

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COURTESY PAY OPT-IN

WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

- 1. We have **standard overdraft practices** that come with your account. **After Overdraft Protection transfers all available funds**, if there are still insufficient funds to cover the transaction, we may pay the transaction with Courtesy Pay. For eligible members, Courtesy Pay may pay the transaction and create a negative balance in your account.
- 2. We offer **overdraft protection plans** (e.g., a link to savings, money market, or line of credit), which may be less expensive than our standard overdraft practices. You can select and prioritize your overdraft below or ask us to learn more.

Automatic Overdraft Protection is included with your membership when you have available funds in another account.

Please prioritize your overdraft protection in order of preference (1-3). In the event of an overdraft, money will be drawn from accounts in specified order to cover the overdraft(s).

Access Savings ____ Other Savings ___ Express Delivery Line of Credit* ____

* Line of Credit can be used for overdraft protection, on approved credit. Separate application required.

THIS NOTICE EXPLAINS OUR STANDARD OVERDRAFT PRACTICES

What are the standard overdraft practices that come on my account?

Courtesy Pay is available after 90 days of membership. If you have Courtesy Pay for your checking account, we may authorize and pay the following types of transactions:

- Checks and other transactions made using your checking account
- Bill Payments
- ACH automatic debit transactions

<u>We do NOT authorize</u> and pay overdrafts for the following types of transactions unless you ask us to:

 Everyday debit card transactions, including point-of-sale (POS) transactions, whether authorized by PIN or signature.

<u>We do NOT authorize</u> and pay overdrafts for the following types of transactions:

• ATM transactions (i.e., cash withdrawals)

We pay overdrafts at our discretion, which means $\underline{\text{we do not guarantee}}$ that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if Eagle CU pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee up to \$28 each time we pay an overdraft
- There is no limit on the total fees we can charge you for overdrawing your account.

If you also want us to authorize and pay overdrafts on everyday debit card transactions, select this option below.

OVERDRAFTS ON EVERYDAY DEBIT PURCHASES

- ☐ I do **NOT** want Eagle CU to authorize and pay overdrafts on my everyday debit card transactions.
- $\hfill \square$ I WANT Eagle CU to authorize and pay overdrafts on my everyday debit card transactions.

OVERDRAFTS ON CHECKS, BILL PAYMENTS & ACH/AUTOMATIC DEBIT

- ☐ I do **NOT** want Eagle CU to authorize and pay overdrafts on checks and other transacitons using my checking account, bill payments or ACH and automatic debit transactions.
- ☐ I WANT Eagle CU to authorize and pay overdrafts on checks and other transacitons using my checking account, bill payments or ACH and automatic debit transactions.

TIN CERTIFICATION

Under penalty 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).

☐ With reference to item (2) above, I am currently subject to backup withholding ☐ With reference to item (3) above, I am not a U.S. person (please complete a W-8 BEN)

I hereby apply for membership in Eagle Community Credit Union (Eagle CU) with this application and certify that I qualify for membership based on the eligibility stated above. I further understand that to continue my membership in Eagle CU, I must maintain an Eagle CU account. 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 you in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others.

USA PATRIOT ACT CUSTOMER IDENTIFICATION PROGRAM NOTIFICATION: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record any information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Acknowledgement of Receipt of Disclosures

By signing the Membership Application and Agreement, I acknowledge that I have received a copy of the Credit Union's Disclosure and Agreement of Terms and Conditions for Eagle CU Member Accounts, Electronic Services Disclosure and Agreement, Privacy Notice, and Important Privacy Choices for Consumers, and that I have received a copy of the current Rate Sheet and Service Pricing Sheet. I agree to be bound by the terms and conditions of the Credit Union's Account Agreement(s) and any amendments there to. I understand that any new account information will be verified. If received by mail, disclosures will be forwarded to me within 10 days.

X		X	
PRIMARY OWNER SIGNATURE	DATE	JOINT OWNER SIGNATURE	DATE

Rev. 02/13