

NEW

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OTHER



Eaton Family
CREDIT UNION, INC.

333 Babbitt Road, Suite 100 • Euclid, OH 44123
(216) 920-2000 • (800) 845-5446 • FAX (216) 797-0037
www.eatonfamilycu.com

MEMBERSHIP APPLICATION

MEMBER INFORMATION		Account Type: <input type="checkbox"/> Individual <input type="checkbox"/> Joint	Member's Email: _____
First Name: _____	MI: _____	Last Name: _____	
Member Number: _____	Title of Account If Different from Above (Example: Doe Family Living Trust): _____		Member SSN or TIN: _____
Address _____		Apt. # _____	Driver's License No: _____
City: _____	State: _____	Zip: _____	Date of birth (MM/DD/YYYY format): _____
Home Phone No: _____	Business Phone No: _____		Mother's Maiden Name: _____
<input type="checkbox"/> Unlisted	Employer: _____		

MEMBER QUALIFICATION Please specify your field of membership:

Corporate Membership

Select Employee Group (SEG) Company Name _____ Your Location _____

Community Membership

Live, work, worship or study in Euclid, Ohio

Live Work - Company Name _____
 Worship - Place of Worship _____ Study - School _____

Other Membership

Relative of EFCU Member - Account Number: _____ How are you related to this person _____
 Other membership qualification _____

ACCOUNT(S) REQUESTED: [Select accounts using the boxes below.

With the exception of IRA accounts, all accounts selected will be jointly owned if this card lists any "Joint Owner(s)".

Share/Savings Account IRA (may not be jointly held) Holiday Club Account
 Checking/Share Draft Account Minor Account Other Account: _____
 Money Market Account Share Certificate Account Other _____

OTHER: Parties listed herein will be deemed joint owners unless you select one of the following:

TRUSTEE CUSTODIAN OTHER (Describe) _____

Name: _____ Date of Birth (MM/DD/YYYY) _____

Social Security #: _____ Driver's License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Date of Birth (MM/DD/YYYY) _____

Social Security #: _____ Driver's License #: _____

Address: _____ City: _____ State: _____ Zip: _____

AUTHORIZED SIGNATURES:

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

ACCOUNT SERVICES: (NOTE: Some services are not available for certain accounts)

- ATM/Debit Card* number of cards requested
- Payroll Deduction/Direct Deposit*
- Overdraft Protection (Transfer priority)*

- Telephone response - MATT*
- Home banking*
- Other

IF APPROVED: Overdraft Protection will make transfers from the accounts listed below in the order of priority listed:

Account or Loan Account No: _____ Account or Loan Account No: _____

* A separate application may be required for this service. No protection from a loan account is provided unless approved for an overdraft loan account.

PAYABLE ON DEATH BENEFICIARY INFORMATION:

Name:	Relationship:
Birth date (MM/DD/YYYY):	Beneficiary's SSN:
Address:	City: State: Zip:

Name:	Relationship:
Birth date (MM/DD/YYYY):	Beneficiary's SSN:
Address:	City: State: Zip:

This Beneficiary's Designation Only applies to the Account(s) listed on the reverse side. I understand that I can withdraw the money in these accounts during my lifetime. I understand that these accounts will belong to the named beneficiary(ies), and will not be inherited by my heirs, or controlled by will. The provisions set forth in the Membership Agreement with the Credit Union will govern payment.

By signing above, I hereby make application for membership in and agree to conform to the bylaws and applicable terms and conditions of any approved account, as may be amended from time to time, of Eaton Family Credit Union, Inc. ("Credit Union"). I certify that I am within the field of membership of this Credit Union; the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. I authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a report by a credit reporting agency. I also acknowledge that I have received and agree to be bound by the terms and conditions herein on this card and in the terms and conditions of Your Account Credit union Disclosure, Funds Availability Disclosure, Electronic Funds Transfer Disclosure, Truth-in-Savings Disclosure, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. All present and future deposits to the account(s) designated above secure payment of any account, owner's obligations, except for real estate secured loans to the Credit Union. The singular includes the plural as applicable herein.

CONSENT TO ELECTRONIC DISCLOSURES: If I use, apply or access any electronic services of the Credit Union, I agree to receive disclosures electronically, and have the ability to do so, as described in "TERMS AND CONSENT APPLICABLE TO ELECTRONIC SIGNATURES" of the Membership Agreement.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding herein. I understand and agree that the Patriot Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy act, as amended from time to time. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.

ACCOUNT OWNERSHIP (APPLICABLE IF "OTHER ACCOUNT OWNER" DESIGNATION NOTED ABOVE): The owners intend to and do hereby create a joint tenancy with rights of survivorship and specifically agree to the terms set forth in the Membership Agreement including but limited to the Credit Union's rights to pay of transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner and to endorse any legal or contractual rights as to any owner's obligations.

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION

Under penalty of perjury, 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. person (including a U.S. resident alien).

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

SIGNATURE OF U.S. PERSON _____ **DATE** _____

CREDIT UNION NOTES:

Account Opened by _____ Approved by _____ Date of Membership _____

- Credit Report ATM/Debit Card Telecheck/Check Systems
- PIN Request (Check One): Home Banking Audio Response Other - List: _____

Member/Owner/User Identification Verified via:

1. Driver's License. Other: _____ (Such as Soc. Security Card, Military ID, Govt. Benefits Card or Other Proper ID).
2. Driver's License. Other: _____ (Such as Soc. Security Card, Military ID, Govt. Benefits Card or Other Proper ID).
3. Driver's License. Other: _____ (Such as Soc. Security Card, Military ID, Govt. Benefits Card or Other Proper ID).
4. Driver's License. Other: _____ (Such as Soc. Security Card, Military ID, Govt. Benefits Card or Other Proper ID).

Membership Eligibility Verification: _____