

Membership Eligibility

How are you eligible for membership? (check one)

- Employer Member of HBA Zip Code Expanded Eligibility Student of Higher Learning
- Sponsoring Family Member Name: _____ Account # _____

Account Ownership

NEW MEMBERS: A Primary Share Savings account with a \$25 minimum balance and a \$5 membership fee is required for membership.

JOINT OWNER: All accounts indicated as "joint" below will be jointly owned by the primary member and joint owner on this application with right of survivorship. Each owner has full ownership of account proceeds regardless of net contributions and may withdraw any funds from the accounts. All joint owners must sign this agreement. Checking Accounts subject to eligibility criteria.

Membership Information

Primary Member Information (Please Print)

Type of Account: Individual Minor Custodian Super Star Student Educator

Name _____
(First) (Last) (Middle Initial) Taxpayer ID # (SSN,ITIN) _____ Date of Birth _____

Mailing Address _____ ID Type _____ Issuer _____ ID# _____
(Drivers, etc.)

City _____ State _____ Zip _____ Employer _____ Work Phone _____

Residence-same _____ Home Phone _____ Cell Phone _____

City _____ State _____ Zip _____ Residence: Own Rent Live with Others

Email Address: _____

Primary Sources of funds: Cash Direct Deposit Checks Wire Transfers

Joint Owner Information (1)

Name _____
(First) (Last) (Middle Initial) Taxpayer ID # (SSN,ITIN) _____ Date of Birth _____

Mailing Address _____ ID Type _____ Issuer _____ ID# _____
(Drivers, etc.)

City _____ State _____ Zip _____ Employer _____ Work Phone _____

Residence-same _____ Home Phone _____ Cell Phone _____

City _____ State _____ Zip _____ Residence: Own Rent Live with Others

Email Address: _____

Primary Sources of funds: Cash Direct Deposit Checks Wire Transfers

Joint Owner Information (2)

Name _____
(First) (Last) (Middle Initial) Taxpayer ID # (SSN,ITIN) _____ Date of Birth _____

Mailing Address _____ ID Type _____ Issuer _____ ID# _____
(Drivers, etc.)

City _____ State _____ Zip _____ Employer _____ Work Phone _____

Residence-same _____ Home Phone _____ Cell Phone _____

City _____ State _____ Zip _____ Residence: Own Rent Live with Others

Email Address: _____

Primary Sources of funds: Cash Direct Deposit Checks Wire Transfers

Beneficiary Information*

Designation of Beneficiary for Share account (s)

I hereby instruct Memphis Area Teachers' Credit Union to pay any balance remaining in the share account at the time of death together with any proceeds of said balance to the following _____ beneficiaries if no joint owner(s) w/Rights of Survivorship are set forth above.
(# of beneficiaries) *Subject to applicable law

(Please Print) Beneficiary _____ Social Security # _____
(First) (Last) (Middle Initial)

Beneficiary _____ Social Security # _____
(First) (Last) (Middle Initial)

Service Selections

(Please Initial)	Individual	Joint (1)	Joint (2)
<input type="checkbox"/> Membership/Primary Savings	_____	_____	_____
<input type="checkbox"/> Money Market Savings	_____	_____	_____
<input type="checkbox"/> Misc. Shares _____	_____	_____	_____
<input type="checkbox"/> 10 Month/12 Check Plan	_____	_____	_____
<input type="checkbox"/> Christmas Club Account	_____	_____	_____

(Please Initial)	Individual	Joint (1)	Joint (2)
<input type="checkbox"/> Share Draft/Checking	_____	_____	_____
<input type="checkbox"/> Second Chance Checking	_____	_____	_____
<input type="checkbox"/> High Yield Checking	_____	_____	_____
<input type="checkbox"/> Smarty ATM Card	_____	_____	_____
<input type="checkbox"/> Smarty/Visa Debit Card	_____	_____	_____

Share Draft/Checking Overdraft Options

Number the following options in the order they should apply.

_____ Transfer from Primary Share-Suffix 00 (Reg. D)

_____ Transfer from Money Market-Suffix 10 (Reg. D)

_____ Add to Line of Credit Loan-Suffix 21 (Set up and approval required)

Initial Check Order Information

Print exactly what you would like printed on your checks.
 Draft/check style for your initial order of drafts will be new image style. Other styles are available by request, all charges vary according to draft/check style and charges will be deducted from the Share Draft Account.

Name 1 _____

Name 2 _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Alternative Check Style _____ Start # _____

Smarty Card Access

Indicate accounts you wish to access via ATM:

<input type="checkbox"/> 00 (Savings)	<input type="checkbox"/> 20 (Checking)
<input type="checkbox"/> 10 (Money Market)	<input type="checkbox"/> 21 (Line of Credit Loan) <small>Approval Required</small>

Electronic Services

Email: _____

You will receive MATCU's monthly newsletter electronically. To opt out from receiving the newsletter; write opt out in the line provided above.

<input type="checkbox"/> E-Statement with Safety PIN	<input type="checkbox"/> Fast Line 24 with Safety PIN
<input type="checkbox"/> Internet Banking	<input type="checkbox"/> Bill Pay w/ Internet Banking

Certification of Taxpayer Identification Number and Backup Withholding Information

I hereby certify that I am eligible for membership in Memphis Area Teachers' Credit Union (MATCU) and agree to conform to the Bylaws and any amendments thereof in MATCU. I/we certify that the information provided on this application is true and correct to the best of my/our knowledge. I/we authorize the credit union to obtain credit reports in connection with this application and for any update, renewal or extension of credit or service. I/we acknowledge receipt of a copy of the terms and conditions applicable to this account and the following policy disclosures.

<input checked="" type="checkbox"/> Funds Availability	<input checked="" type="checkbox"/> Truth in Savings	<input checked="" type="checkbox"/> Electronic Funds Transfers	<input checked="" type="checkbox"/> Privacy
--	--	--	---

Members' accounts are not transferable except as allowed by 12CFR204.2(f) (1) (iv).

UNDER PENALTY OF PERJURY, I CERTIFY (1) THAT THE NUMBER ON THIS FORM IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER AND (2) THAT I AM NOT SUBJECT TO BACKUP WITHHOLDING EITHER BECAUSE I HAVE NOT BEEN NOTIFIED THAT I AM SUBJECT TO BACKUP WITHHOLDING AS A FAILURE TO REPORT ALL INTEREST OR DIVIDENDS, OR THE INTERNAL REVENUE SERVICE HAS NOTIFIED ME THAT I AM NO LONGER SUBJECT TO BACKUP WITHHOLDING. (3) I AM A U.S. PERSON (INCLUDING A U.S. RESIDENT ALIEN).

If you, the member, have been notified that you are subject to backup withholding due to underreporting or have not been notified by the Internal Revenue Service that backup withholding has been terminated, you must strike out section (2) of the preceding sentence.

Member Agreement and Signature

Memphis Area Teachers' Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business on this account. **THE JOINT OWNERS OF THIS ACCOUNT HEREBY AGREE WITH THE PRIMARY MEMBER, WITH EACH OTHER, AND WITH SAID CREDIT UNION THAT ALL SUMS NOW PAID IN ON SHARES, OR HERETOFORE OR HEREAFTER PAID IN ON SHARES (as indicated on application), BY ANY OR ALL OF SAID JOINT OWNERS TO THE CREDIT UNION WITH ALL ACCUMULATIONS THEREON, ARE AND SHALL BE (A) OWNED BY THEM JOINTLY, WITH THE EXCEPTION OF SHARE CERTIFICATES AND THE SHARES IN THE SHARE DRAFT ACCOUNT, WHICH MAY BE MADE JOINT BY SEPARATE AGREEMENTS WITH RIGHT OF SURVIVORSHIP, AND IRAs, WHICH ARE NEVER JOINT, AND (B) SUBJECT TO THE ACCOUNT DESIGNATION SET OUT HEREIN AND THE WITHDRAWAL OR RECEIPT OF ANY OF THEM, AND PAYMENT TO ANY OF THEM SHALL BE VALID AND DISCHARGE SAID CREDIT UNION FROM ANY LIABILITY OF SUCH PAYMENT.**

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Member Name Print _____ Member Signature _____ Date _____

Joint Share Draft Agreement and Signature(s)

Joint owners also agree to the terms and conditions of the account as established by the Credit Union from time to time. Any or all of said joint owners may pledge any or all of the shares in this account as collateral security to a loan, loans or negative balance caused by any joint owner, including but not limited to, any accounts upon which you may not otherwise be a joint owner. The Credit Union is hereby authorized to recognize any of the signatures subscribed on the membership application in the payment of funds or the transaction of any business for this account. The joint owners of this Account hereby agree with each other and with the Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge the Credit Union from any liability for such payment.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to the Credit Union which shall not affect transactions theretofore made.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Joint Name (1) Print _____ Joint Signature (1) _____ Date _____

Joint Name (2) Print _____ Joint Signature (2) _____ Date _____

FOR CREDIT UNION USE

Account opened by _____ Date _____ Membership Officer _____ Approval _____ 09/09