



**ASSOCIATED
HEALTHCARE
Credit Union**

MEMBERSHIP APPLICATION

Date	Member Number
<input type="checkbox"/> New Account <input type="checkbox"/> Re-open Account	

A \$10 minimum deposit, copy of your valid State Identification Card is required with this completed form to open a share savings account. When opening a checking account, be sure to complete and return a check order form. If opening by mail, signature(s) must be notarized.

SECTION A: Type of Account Desired (Check all that apply.)

Share Savings Account (Required) <input type="checkbox"/> Individual <input type="checkbox"/> Joint	Checking Account
ATM Cash Card <input type="checkbox"/> 1 Card <input type="checkbox"/> 2 Cards	<input type="checkbox"/> Debit Card : 1 Card / 2 Cards Design 1/ Design 2
<input type="checkbox"/> Holiday Savings Club	<input type="checkbox"/> eStatement <input type="checkbox"/> Access*Online
<input type="checkbox"/> Club Savings <input type="checkbox"/> IRA <input type="checkbox"/> ESA	<input type="checkbox"/> Line of Credit Loan Desired credit limit \$ (\$500 \$5000)
<input type="checkbox"/> Money Market Account <input type="checkbox"/> IRA <input type="checkbox"/> Money Market	<input type="checkbox"/> VISA Classic Credit Card* Desired credit limit \$ (\$500 \$5000)
<input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> IRA <input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> VISA Gold Credit Card** Desired credit limit \$ (\$5000 \$10,000)

SECTION B: Primary Applicant (Please complete all sections, and sign at the bottom.)

Name Last First Middle Date of Birth	Social Security #	Code Word:
Home Address (No P.O. Boxes)	Years at Residence	Drivers License #
City State Zip	Email Address:	Membership Eligibility:
Home/Cell Phone ()	Business/Cell Phone ()	<input type="checkbox"/> Backup Withholding : Check the box if you are NOT subject to backup withholding of dividends under the provisions of section 32406 (a)(1)(C) of the Internal Revenue Code. (See Reverse Side)

SECTION C: Joint Applicant (Please complete if you wish to have another individual listed joint on your account as indicated in Section A.)

Name Last First Middle Date of Birth	Social Security #	Email Address:
Home Address (No P.O. Boxes)	Years at Residence	Drivers License #
City State Zip	Home Phone ()	Business Phone ()

SECTION D: Checking Account (Primary applicant must complete the following.)

Have you or any joint owner ever had a checking account at this or another financial institution within 12 months of making this application? <input type="checkbox"/> No <input type="checkbox"/> Yes Account No.	Have you or any joint owner ever had a checking account CLOSED by a financial institution without your/their consent within 12 months of making this application? <input type="checkbox"/> No <input type="checkbox"/> Yes Reason
Name of Institution	Have you or any joint owner been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application? <input type="checkbox"/> No <input type="checkbox"/> Yes
Address	

SECTION E: VISA, Line of Credit and/or Debit Card credit Request

(Primary and joint applicants must complete the following information)

Select Overdraft Protection (please check one): <input type="checkbox"/> 1. Transfer authorization from shares only to cover overdrafts <input type="checkbox"/> 2. Transfer authorization from a line of credit loan and then shares to cover overdrafts.	PLEASE NOTE: Income verification will be required.
Applicant employer Gross monthly income	Applicant employer Gross monthly income
Position/Title Years Employed	Position/Title Years Employed
<input type="checkbox"/> Renter Rent or Mortgage Pymt Total Mthly Debt	<input type="checkbox"/> Renter Rent or Mortgage Pymt Total Mthly Debt
<input type="checkbox"/> Home Owner	<input type="checkbox"/> Home Owner
Nearest relative or friend not living with you Relationship	Nearest relative or friend not living with you Relationship
Home Address Home/Cell Phone ()	Home Address Home/Cell Phone ()

Everything I/we have stated in this application is true to the best of my/our knowledge. I/we understand that AHCU will retain this application whether or not it is approved. AHCU is authorized to verify my/our employment, check my/our credit history, and to answer any questions about credit experience with me/us. By making this application, I/we agree to (1) the terms and conditions governing a; AHCU accounts; (2) the terms of any agreements for specific services such as checking, savings, term deposits, and electronic banking, and (3) the terms of AHCU's rate and fee schedule as amended from time to time. I/we also agree to all terms, whether posted on your premises, printed on deposit slips, printed on the reverse side, contained in AHCU's rate and fee schedule, or enclosed with my/our statements. I/we understand that any of these terms may be changed by AHCU from time to time. In considering this application AHCU may request and use a report from an outside credit reporting agencies. AHCU may also ask a reporting agency or agencies for other such reports in connection with renewal or continuation of the credit for which I/we are applying. Upon request AHCU will supply the names and address of the credit bureau providing such information. I/we acknowledge notice of this disclosure. If this application is approved and a VISA /Debit card(s) issued, I/we agree by signing, or permitting another to use the VISA/Debit card(s) to be bound by the Cardholder Agreement accompanying the card(s).

APPLICANT'S SIGNATURE X	DATE	JOINT APPLICANT'S SIGNATURE X	DATE
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**(BOTH SIGNATURES REQUIRED FOR JOINT ACCOUNT- IF OPENING BY MAIL, SIGNATURE(S) MUST BE NOTARIZED.
ANY FAX TRANSMISSION OF YOUR SIGNATURE WILL BE HELD EQUALLY ENFORCEABLE AS YOUR GENUINE SIGNATURE)**

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Beginning January 1, 1984, payers must generally withhold 20% of taxable interest, dividend and certain other payments if you fail to furnish payers with the correct taxpayer identification number (this is referred to as backup withholding). For most individual taxpayers, the taxpayer identification number is the social security number.

To prevent backup withholding on these payments, be sure to notify payers of the correct taxpayer identification number and, for accounts opened after December 31, 1983, properly certify that you are not subject to backup withholding under section 3406(a)(1)(C).

You are subject to backup withholding if:

- (1) You fail to furnish your taxpayer identification number to the payer, OR;
- (2) The Internal Revenue Service notifies the payer that you furnished an incorrect taxpayer identification number, OR;
- (3) You are notified that you are subject to backup withholding under section 3406(a)(1)(C), OR;
- (4) For an interest or dividend account opened after December 31, 1983, you fail to certify to the payer that you are not subject to backup withholding under section 3 above, or fail to certify your taxpayer identification number.

PENALTIES

(1) PENALTY FOR FAILURE TO FURNISH TAXPAYER IDENTIFICATION NUMBER-

If you fail to furnish your taxpayer identification number to a payer, you are subject to a penalty of \$50 for each such failure unless your failure is due to a reasonable cause and not to willful neglect.

(2) FAILURE TO REPORT CERTAIN DIVIDENDS AND INTEREST PAYMENTS-

If you fail to include any portion of an includable payment for interest, dividends, or patronage dividends in gross income, such failure will be treated as being due to negligence and will be subject to a penalty of 5% on any portion of an underpayment attributable to that failure unless there is clear and convincing evidence to the contrary.

(3) CIVIL PENALTY FOR FALSE INFORMATION WITH RESPECT TO WITHHOLDING-

If you make a false statement with no reasonable basis which results in no imposition of backup withholding, you are subject to a penalty of \$500.

(4) CRIMINAL PENALTY FOR FALSIFYING INFORMATION-

Falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

JOINT SHARE ACCOUNT AGREEMENT (NOT TRANSFERABLE)

Associated Healthcare Credit Union is authorized to recognize any of the signatures subscribed on the front of this 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 the credit union 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 vail and discharge the credit union from any liability for such payment. Any or all of the joint owners may pledge all or part of the shares in this account as collateral security to a loan or loans from the credit union. The right or authority of the credit union under this agreement shall not be changed or terminated by the joint owners, or any of them except by written notice to the credit union which shall not affect transactions theretofore made.

VISA INTEREST RATE AND INTEREST CHARGES

Annual Percentage Rate (APR) For Purchases, Balance Transfers and Cash Advances	VISA Classic 12.9% VISA Gold 11.9% Your rate is based on your creditworthiness
Penalty APR and When it Applies	None
How to Avoid Paying interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay the balance by the due date each month.
Minimum Interest Charge	None
For Credit Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at: http://www.federalreserve.gov/creditcard

VISA FEES

Annual Fee	None
Transaction Fees	
Balance Transfer	None
Cash Advance	None
Foreign Transactions	1% of each transaction in U.S. Dollars.
Penalty Fees	
Late Payment	\$20
Returned Payment	\$25

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)."

Billing Rights: Information on your rights to dispute transaction and how to exercise those rights is provided in your Account Agreement.

Section F: Additional Account Designations

PAYABLE ON DEATH (POD)/TRUST ACCOUNT All Accounts Designate Specific Account(s)

Beneficiary _____ Beneficiary _____
Address _____ Address _____

UTTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfer/Gifts to
Minors Act) Minors TIN/SSN _____

AGENCY Name of Agent _____
 All Accounts Designate Specific Account(s)

For Credit Union Use Only

Tele check : Approved Declined Code _____
I.D. Copied No Yes

CU Employee's Initials _____

Date _____



**ASSOCIATED
HEALTHCARE
Credit Union**

ADDENDUM TO MEMBERSHIP APPLICATION

Date	Member Number

SECTION A: Type of Account Desired (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> ATM Cash Card 1 Card / 2 Cards | <input type="checkbox"/> IRA- ESA | <input type="checkbox"/> Checking Account |
| <input type="checkbox"/> Holiday Club <input type="checkbox"/> Club Savings _____ | <input type="checkbox"/> IRA- Money Market | <input type="checkbox"/> Debit Card: 1 Card / 2 Cards Design 1 / Design 2 |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> IRA- Certificate of Deposit | <input type="checkbox"/> eStatement <input type="checkbox"/> Access*Online |

SECTION B: Primary Applicant (Please complete all sections, and sign at the bottom.)

Name	Last	First	Middle	Date of Birth	Social Security #	Email Address:
Home Phone ()		Business Phone ()			Drivers License #	

SECTION C: Joint Applicant (Please complete if you wish to have another individual listed joint on your account as indicated in Section A.)

Name	Last	First	Middle	Date of Birth	Social Security #	Email Address:
Home Phone ()		Business Phone ()			Drivers License #	

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Name of Institution	Have you or any joint owner been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application? <input type="checkbox"/> No <input type="checkbox"/> Yes
Address	

Section E: Additional Account Designations

- | | | |
|--|--|--|
| <input type="checkbox"/> PAYABLE ON DEATH (POD)/TRUST ACCOUNT | <input type="checkbox"/> All Accounts | <input type="checkbox"/> Designate Specific Account(s) |
| Beneficiary | Beneficiary | |
| Address | Address | |
| <input type="checkbox"/> UTTMA/UGMA (as custodian for | | (minor) under the Uniform Transfer/Gifts to |
| Minors Act) Minors TIN/SSN | | |
| <input type="checkbox"/> AGENCY | Name of Agent | |
| <input type="checkbox"/> All Accounts | <input type="checkbox"/> Designate Specific Account(s) | |

JOINT SHARE ACCOUNT AGREEMENT (NOT TRANSFERABLE)

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**(BOTH SIGNATURES REQUIRED FOR JOINT ACCOUNT-
ANY FAX TRANSMISSION OF YOUR SIGNATURE WILL BE HELD EQUALLY ENFORCEABLE AS YOUR GENUINE SIGNATURE)**

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APPLICANT'S SIGNATURE

DATE

JOINT APPLICANT'S SIGNATURE

DATE

X

X

For Credit Union Use Only

Tele check : Approved Declined Code
I.D. Copied No Yes

CU Employee's Initials

Date

03/12:1000