

ACCOUNT NO.			TODAY'S DATE		
MEMBER NAME			DATE OF BIRTH		
STREET ADDRESS			CITY		
STATE	ZIP	E-MAIL ADDRESS			
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.		EXP. DATE	STATE
EMPLOYER NAME & ADDRESS				DATE OF HIRE	
HOME PHONE		WORK PHONE		EMPLOYEE ID#	
JOINT MEMBER NAME				DATE OF BIRTH	
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.		EXP. DATE	STATE
EMPLOYER NAME & ADDRESS					
HOME PHONE		WORK PHONE			
JOINT MEMBER SIGNATURE			MEMBER ELIGIBILITY		

THIS APPLICATION WILL BE USED TO OPEN A **REGULAR SHARE SAVINGS** ACCOUNT AND ANY OTHER ACCOUNTS YOU INDICATE BELOW. *THIS APPLICATION WILL ALLOW THE CREDIT UNION TO ADD ANY FURTHER SERVICES BY TELEPHONE:*

Checking:

- ☐ **Option I** - \$200 minimum balance to avoid monthly fee, interest bearing, share transfer protection included*
- ☐ **Option II** - No minimum balance, direct deposit required, non-interest bearing
- ☐ **Option III** - No minimum balance, ATM/Debit Card, electronic checking, no paper checks

- ☐ **Money Market**
- ☐ **ATM Card**
- ☐ **Debit Card****
- ☐ **Vacation Club**
- ☐ **Christmas Club**
- ☐ **Other**

A full order of 50 free checks will be placed at the time your share draft account is opened.

* Additional paperwork required.
** Requires checking account to qualify.

DIRECT DEPOSIT

☐ FLEX	SAVINGS \$	CHECKING \$	OTHER \$	Once payroll has started, call MCU at (800) 962-6378 for more options and services.
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BENEFICIARY/SURVIVORSHIP ACCOUNT

BENEFICIARY NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
BENEFICIARY NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
BENEFICIARY NAME	SOCIAL SECURITY NO.	DATE OF BIRTH

are hereby made parties to this Savings Account and on proper withdrawal demand, the Credit Union will pay all sums due on account payment on savings deposits and any accumulations or benefits added thereto, less any setoffs allowed by law, to any one or more of said parties. The survivor or survivors from time to time of the parties shall be the only persons who shall be entitled to demand payment of balances in this Savings Account. The interest of any of the parties in this account, any requirement of his/her signature incident to a withdrawal demand, his/her as a party to the Savings Account contract and his/her right to make withdrawals as aforesaid cease upon his/her death if one or more of the other parties survives such death.

By: _____ Date: _____

MEIJER CREDIT UNION USE ONLY

DATE APPLICATION APPROVED BY BOARD	SIGNATURE	MEMBERSHIP OFFICER ☐
TODAY'S DATE	MEIJER CU SIGNATURE	

☐ Terms and Conditions, Electronic Transfers, Funds Availability and Truth-in-Savings given to member

MEIJER CREDIT UNION

CERTIFICATION THAT MEMBERSHIP IS NOT SUBJECT TO BACKUP WITHHOLDING

Under the penalties 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.)* ***It is the policy of Meijer Credit Union to refuse membership if the applicant fails to provide Meijer Credit Union with his/her correct taxpayer identification number.***

I/We hereby submit this application for membership to Meijer Credit Union, request that Meijer Credit Union open account(s) in the name(s) listed on the attached Membership Application, and agree and certify as follows:

1. I/We shall abide by the bylaws, rules and regulations of Meijer Credit Union, and to any future amendments to them. This membership and the account(s) are subject to the above and the Account Agreement(s) including checking account and joint ownership language and other terms and conditions as Meijer Credit Union may establish from time to time. Meijer Credit Union may change any such rules, terms and conditions upon giving written notice.
2. Meijer Credit Union has no responsibility for the distribution or use of funds withdrawn by an authorized person.
3. Each member and joint owner hereunder hereby jointly and severally (if more than one) holds Meijer Credit Union and each of its officers, directors, employees and agents harmless and indemnify them against any claims, judgments, settlement amounts, or other liabilities or cost of defense or settlement (including attorney's fees) arising out of or related to any alleged or actual improper or unsuitable action taken at the member's or joint owners' instructions in connection with the account. This identification is made by the owner and joint owners who have signed on the attached Membership Application and shall not be limited by any other independent documentation.
4. The representations and obligations stated herein shall survive termination of this membership.
5. Meijer Credit Union is authorized to supply any endorsement for the owner and joint owners who have signed on any check or other instrument tendered for the account and Meijer Credit Union shall have no liability in connection with the collection of such items that are handled by it without negligence, and Meijer Credit Union shall not be held liable for the acts of any agents, subagents or others, or for any casualty. Withdrawals may not be made on account of such items until collected (or as provided by law), and any amount not collected may be charged back to the account, including expenses incurred, and any other outside expense incurred relative to this account may be charged to it.
6. I/We agree that Meijer Credit Union may accept and rely on facsimile or my/our signature(s) on any deposit or withdrawal form, loan request, note or obligation, order or other notices, requests or instruction regarding any account with the Meijer Credit Union. Meijer Credit Union shall not be responsible for any loss incurred as a result of its action upon or executing any requests, order or instruction that Meijer Credit Union believes to be genuine. Meijer Credit Union may refuse to execute any facsimile request or order.
7. I/We authorize Meijer Credit Union to investigate my/our credit standing when opening and/or reviewing the account.
8. The undersigned and the joint owners who have signed the attached Membership Application, acknowledge that they (or one of them) have received the Truth-in-Savings Disclosure and Account Agreement from the Meijer Credit Union for their reference and retention.

*Strike out the language in (2) if the Internal Revenue Service has notified you that you are subject to backup withholding and has not terminated that notification.

I/WE HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE MEIJER CREDIT UNION AND AGREE TO CONFORM TO ITS BYLAWS AND AMENDMENTS THEREOF AND SUBSCRIBE FOR AT LEAST ONE SHARE. I/WE ALSO AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF ANY ACCOUNT THAT I/WE HAVE IN THE CREDIT UNION NOW OR IN THE FUTURE.

Signature: _____ Date: _____

Joint Member Signature: _____ Date: _____