



Fort Financial
Credit Union

FORT FINANCIAL CREDIT UNION MEMBERSHIP APPLICATION

PRIMARY MEMBER INFORMATION

- New Member Update Existing Membership

Account Number _____ Date _____

Name: First _____ MI _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone (Primary) _____ (Work) _____

Social Security Number _____ Birth Date _____

Driver's License Number _____

Name Change _____ Email Address _____

I hereby make application for membership in Fort Financial Credit Union. All information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application.

INITIAL ACCOUNTS TO OPEN

- | | | |
|---|---|--|
| <input type="checkbox"/> Savings/Share | <input type="checkbox"/> Share Certificate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Special Savings 1 & 2 | <input type="checkbox"/> Vacation or Christmas Club | Eligibility: <input type="checkbox"/> Employer SEG |
| <input type="checkbox"/> Checking/Share Draft | <input type="checkbox"/> Debit Card | <input type="checkbox"/> Relative/Family Member |
| <input type="checkbox"/> Celebrity Investment Account (CIA) | <input checked="" type="checkbox"/> PAL/CU@home | <input type="checkbox"/> CDCU (Community Charter) |
| | | <input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Worship <input type="checkbox"/> School |
| | | <input type="checkbox"/> Other _____ |

JOINT OWNER/BENEFICIARY INFORMATION

- Add: Joint Owner Beneficiary
 Authorized Signor POA

- Add: Joint Owner Beneficiary
 Authorized Signor POA

All share under this membership number

All share under this membership number

Share accounts _____

Share accounts _____

Name: First _____ MI _____ Last _____

Name: First _____ MI _____ Last _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone (Home) _____

Phone (Home) _____

(Work) _____

(Work) _____

Email Address _____

Email Address _____

Social Security Number _____

Social Security Number _____

Birth Date _____

Birth Date _____

Driver's License Number _____

Driver's License Number _____

Existing Member Account Number _____

Existing Member Account Number _____

If more than one person signs this Master Signature & Authorization Card, the account plus any and all suffixes will be joint in all of your names with right of survivorship. If more than one person signs, you each authorize Fort Financial Credit Union to pay funds from or transact business concerning the account at their request or direction or any one of you acting alone.

- UTMA (as custodian for _____ (minor) under the Uniform Transfers to Minors Act, minors SSN/TIN _____) I, _____, hereby designate _____ presently residing as the beneficiary on Account _____ and as such he/she is entitled to all shares in said account at my death.

OVERDRAFT PROTECTION

OVERDRAFT DRAIN METHOD:

- Drain in Order
- Single Source

OVERDRAFT SOURCES:

- Sequence
- ODP Source Account

OVERDRAFT PAYMENT:

We provide overdraft coverage for your account. This means that if you do not have enough money in your account for an ATM withdrawal or a one-time debit card transaction, we may still authorize the transaction and pay the overdraft. Having overdraft coverage does not guarantee that we will authorize your overdrafts in all cases. If we decide to pay an overdraft, we will charge you a fee. See below for more information, including how to opt out if you do not want us to authorize any ATM or one-time debit card overdrafts.

OVERDRAFT FEES:

- We will charge you up to \$33 each time we pay an overdraft. You then have up to 30 days to bring the account current, either through a direct deposit, transfer of funds or a deposit at one of our branches.
- There is no limit on the total amount of fees we can charge you for overdrawing your account.

YOUR RIGHT TO OPT OUT OF OVERDRAFT COVERAGE:

You may opt out of overdraft coverage for one-time debit card transactions by telling us not to authorize these transactions when you do not have enough money in your account. Opting out may allow you to limit the overdraft fees you are charged. However, some overdrafts could still occur even if you opt out. For example, you may have enough money in your account when we authorize a transaction, but other transactions may reduce the amount in your account before that transaction clears. If this causes an overdraft, you will be charged a fee.

Opting out will not affect whether we pay overdrafts for other types of transactions, including checks. If we decide to pay these overdrafts, we will charge you a fee.

_____ I want overdraft coverage for my one-time debit
card transactions

_____ I do not want overdraft coverage for my one-time debit
card transactions

Printed Name: _____ Date: _____

Account Number: _____

MEMBERSHIP AGREEMENT

Membership Agreement: I hereby make application for membership in the Fort Financial Credit Union. I agree to conform to its laws and amendments thereof and subscribe for at least one share.

In this agreement, the words you and your mean each person who signs this application. The words we, us, and our mean Fort Financial Credit Union. By signing this master application, you agree to be bound by the provisions of this agreement. 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.

1. You authorize us to establish a share savings account ("Account") in your name(s). You may not open additional subshares without obtaining additional signatures. You may add an individual as a joint owner only to a specific account(s) by designating the specific accounts on this membership agreement. All joint accounts have rights of survivorship.
2. If more than one person signs this master application, you each authorize us to pay funds or transact any business concerning the Account at the request or direction of any one of you acting alone. Any such request shall not affect prior payments or transactions. You may use only methods we approve to

withdraw funds from the Account. You further authorize us to pay share drafts issued by any of you, and to charge such payments to the Account.

3. We are not obligated to honor a withdrawal request which exceeds the Account balance. Nor are we obligated to pay a share draft dated more than 6 months before the date of presentment, however, we may pay such share draft and charge the amount of any resulting overdraft against the Account or any other account you may have with us (whether such account is in your name or is joint with anyone else.) At the Credit Union's sole discretion, we may elect to pay a draft which exceeds your account balance and charge the appropriate fee. In addition there may be additional fees if your account balance is not brought positive.
4. Unless we are negligent, we are not liable for any action we take regarding payment or non-payment of Account funds.
5. Non-cash deposits to the Account we receive will be credited on our receipt of final payment.

6. You will pay us when requested, all service charges we impose for the Account based upon our current schedule of charges. You acknowledge we have shown you our current fee schedule.
7. If the Account is overdrawn or has a negative balance, or you issue a share draft that results in the Account being over-drawn, you agree to pay us all costs we incur to collect the amount of such overdraft or negative balance, including court costs, collection fees and attorney fees. If the Account has an open-end line of credit, you authorize us to apply for an advance from such loan (within loan guidelines) sufficient to permit us to pay the amount of the draft, overdraft, or negative balance.
8. We may accept a pledge from you of the funds in the Account as collateral to secure payment of all indebtedness you owe us.
9. You authorize us to use funds in the Account to pay your overdrawn or negative balance share and share draft accounts or your delinquent loan(s).
10. When you present to us a loan, charge card, or other indebtedness payment, you authorize us to first pay your overdrawn or negative balance share and sharedraft account before applying the payment to the unpaid account or other indebtedness. FFCU will acquire a security interest in the property purchased with your credit cards and collateral securing other loans with us may also secure this account. You give us a security interest in your present and future shares and deposits with FFCU.
11. Unless we receive from you within 60 days of the mailing date of your monthly Account statement, a written objection concerning an item on such statement, you waive any objection or claim of error you may have as to each item on the statement.
12. To verify your eligibility for any account(s), service(s), or loan products, now and in the future, you authorize us to obtain information concerning any accounts with other institutions, your employment and credit history, including consumer credit reports.
13. Fort Financial Credit Union will acquire a security interest in the property purchased with your loan proceeds; and collateral securing other loans with us may also secure this account. Also, you are giving us a security interest in your shares and other deposits in Fort Financial Credit Union. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement covering my account or loan. (If this application is for more than one person, this statement applies to all account owners.)
14. Your use of the Account is subject to such other terms, conditions, or requirements we may establish from time to time.

I/we have received a copy of the disclosures applicable to the account and services requested on the reverse side of this form. I/we agree to the terms set forth in the Disclosure Brochure, which includes the Truth-in-Savings, Electronic Funds Transfer Agreement and Member Privacy Statement, and any future amendment made by the Credit Union. I/we have read and understand the Membership Agreement.

Under penalty of perjury I certify that: (1) The number shown on this form is my correct taxpayer identification number, 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).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Certification of Taxpayer Identification:
Primary's Social Security or Federal ID Number

Primary Member's Signature _____ Date _____

Joint Owner's Signature _____ Date _____

Joint Owner's Signature _____ Date _____