



MEMBERSHIP APPLICATION

Membership Number

PRIMARY OWNER

Social Security Number #
 Identification Type
 State and ID#
 / / Issue Date
 / / Expiration Date
 First Name
 Middle Initial
 Last Name
 / / Date of Birth
 () Home Phone
 () Work Phone
 ext.
 () Cell Phone
 Email
 Physical Address
 City
 State
 Zip
 Mailing Address (if different than physical)
 City
 State
 Zip
 Employer
 Occupation

ELIGIBILITY (Select one)

Postal Service Employee (Office Location):
 Federal Government Employee (Dept. and Location):
 Employee Benefit (Company Name):
 Immediate Family Member (Family Member Name):
 Live, work, worship or attend school in Orange County:
 City name:
 Company name, location:
 Church location:
 School name, location:
 Were you referred to Eagle by an existing member? Yes No
 If yes, member's full name: Referral Code:

ACCOUNT OPTIONS

Savings (\$25 min. deposit)
 Ultimate Checking (\$25 min. deposit)
 Classic Checking (\$25 min. deposit)
 Money Market (\$2,500 min. deposit)
 Share Certificate (\$2,000 min. deposit)
 Circus Club (Age 0-12) (\$5 min. deposit)
 Green Team (Age 13-17) (\$25 min. deposit)
 Other:

JOINT OWNER

Social Security Number #
 Identification Type
 State and ID#
 / / Issue Date
 / / Expiration Date
 First Name
 Middle Initial
 Last Name
 / / Date of Birth
 () Home Phone
 () Work Phone
 ext.
 () Cell Phone
 Email
 Physical Address
 City
 State
 Zip
 Employer
 Occupation

As the primary owner, my signature below authorizes the joint owner unlimited access to all accounts, except for the following

BENEFICIARY INFORMATION

Name
 Relationship
 Social Security Number #
 / / Date of Birth
 () Home Phone

In the event of my death, or if there is more than one owner on this account, in the event of death of all the owners, I/we hereby designate my/our beneficiary(ies) to receive equal amounts of all sums in my/our account established on this form unless otherwise noted.

EAGLE TEAM MEMBER USE ONLY

\$5 one-time membership fee or other
 Waived membership fee
 Copy of identification
 Initial deposit, amount enclosed:

COURTESY PAY OPT-IN

WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have **standard overdraft practices** that come with your account. **After Overdraft Protection transfers all available funds**, if there are still insufficient funds to cover the transaction, we may pay the transaction with Courtesy Pay. For eligible members, Courtesy Pay may pay the transaction and create a negative balance in your account.
2. We offer **overdraft protection plans** (e.g., a link to savings, money market, or line of credit), which may be less expensive than our standard overdraft practices. You can select and prioritize your overdraft below or ask us to learn more.

Automatic Overdraft Protection is included with your membership when you have available funds in another account.

Please prioritize your overdraft protection in order of preference (1-3). In the event of an overdraft, money will be drawn from accounts in specified order to cover the overdraft(s).

Access Savings ____ Other Savings ____ Express Delivery Line of Credit* ____

* Line of Credit can be used for overdraft protection, on approved credit. Separate application required.

THIS NOTICE EXPLAINS OUR STANDARD OVERDRAFT PRACTICES

What are the standard overdraft practices that come on my account?

Courtesy Pay is available after 90 days of membership. If you have Courtesy Pay for your checking account, we may authorize and pay the following types of transactions:

- Checks and other transactions made using your checking account
- Bill Payments
- ACH automatic debit transactions

We do NOT authorize and pay overdrafts for the following types of transactions unless you ask us to:

- Everyday debit card transactions, including point-of-sale (POS) transactions, whether authorized by PIN or signature.

We do NOT authorize and pay overdrafts for the following types of transactions:

- ATM transactions (i.e., cash withdrawals)

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if Eagle CU pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee up to **\$32** each time we pay an overdraft
- There is no limit on the total fees we can charge you for overdrawing your account.

If you also want us to authorize and pay overdrafts on everyday debit card transactions, select this option below.

OVERDRAFTS ON EVERYDAY DEBIT PURCHASES

- I do **NOT** want Eagle CU to authorize and pay overdrafts on my everyday debit card transactions.
- I **WANT** Eagle CU to authorize and pay overdrafts on my everyday debit card transactions.

OVERDRAFTS ON CHECKS, BILL PAYMENTS & ACH/AUTOMATIC DEBIT

- I do **NOT** want Eagle CU to authorize and pay overdrafts on checks and other transactions using my checking account, bill payments or ACH and automatic debit transactions.
- I **WANT** Eagle CU to authorize and pay overdrafts on checks and other transactions using my checking account, bill payments or ACH and automatic debit transactions.

TIN CERTIFICATION

Under penalty 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).

- With reference to item (2) above, I am currently subject to backup withholding With reference to item (3) above, I am not a U.S. person (please complete a W-8 BEN)

I hereby apply for membership in Eagle Community Credit Union (Eagle CU) with this application and certify that I qualify for membership based on the eligibility stated above. I further understand that to continue my membership in Eagle CU, I must maintain an Eagle CU account. I authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time. I understand that this will assist you in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others.

USA PATRIOT ACT CUSTOMER IDENTIFICATION PROGRAM NOTIFICATION: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record any information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Acknowledgement of Receipt of Disclosures

By signing the Membership Application and Agreement, I acknowledge that I have received a copy of the Credit Union's Disclosure and Agreement of Terms and Conditions for Eagle CU Member Accounts, Electronic Services Disclosure and Agreement, Privacy Notice, and Important Privacy Choices for Consumers, and that I have received a copy of the current Rate Sheet and Service Pricing Sheet. I agree to be bound by the terms and conditions of the Credit Union's Account Agreement(s) and any amendments there to. I understand that any new account information will be verified. If received by mail, disclosures will be forwarded to me within 10 days.

 X
PRIMARY OWNER SIGNATURE

DATE

 X
JOINT OWNER SIGNATURE

DATE