

Connexus Credit Union
MEMBERSHIP/ACCOUNT AGREEMENT

New Membership Additional Account Adding Joint Owner Member # _____

Membership Eligibility

Please indicate how you are eligible for membership: *(visit connexuscu.org for a field of membership listing)*

Primary Member Information *(please print)*

First Name: _____ Last Name: _____ M.I.: _____
Residence address: (No PO Box allowed) _____
City: _____ State: _____ Zip: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Own Rent Other Occupancy Duration _____ yr(s) _____ mo(s)
Date of Birth: _____ Mother's Maiden Name: _____ Social Security #: _____
Driver's License #: _____ Issue date: _____ Exp. date: _____ State: _____
Phone: (Home) _____ (Work) _____ (Cell) _____
Email Address: _____ I am not a U.S. Citizen.
Employer: _____ Employment Duration _____ yr(s) _____ mo(s)
Job Title: _____

Joint Owner 1 Information *(please print)*

Add Joint Owner 1 to Savings Acct # _____ Checking Acct# _____ YES Acct# _____
First Name: _____ Last Name: _____ M.I.: _____
Residence address: (No PO Box allowed) _____
City: _____ State: _____ Zip: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Own Rent Other Occupancy Duration _____ yr(s) _____ mo(s)
Date of Birth: _____ Mother's Maiden Name: _____ Social Security #: _____
Driver's License #: _____ Issue date: _____ Exp. date: _____ State: _____
Phone: (Home) _____ (Work) _____ (Cell) _____
Email Address: _____ I am not a U.S. Citizen.
Employer: _____ Employment Duration _____ yr(s) _____ mo(s)
Job Title: _____

Joint Owner 2 Information *(please print)*

Add Joint Owner 2 to Savings Acct # _____ Checking Acct# _____ YES Acct# _____
First Name: _____ Last Name: _____ M.I.: _____
Residence address: (No PO Box allowed) _____
City: _____ State: _____ Zip: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Own Rent Other Occupancy Duration _____ yr(s) _____ mo(s)
Date of Birth: _____ Mother's Maiden Name: _____ Social Security #: _____
Driver's License #: _____ Issue date: _____ Exp. date: _____ State: _____
Phone: (Home) _____ (Work) _____ (Cell) _____
Email Address: _____ I am not a U.S. Citizen.
Employer: _____ Employment Duration _____ yr(s) _____ mo(s)
Job Title: _____

Account Authorization

I wish to apply for: (membership share savings is automatically assigned)

ATM Card for Savings only

Joint owners also

Checking Account (select one):

Xtraordinary

MyRewards

Innovative

Would you like a debit card? Yes No Joint Owner? Yes No

Would you like checks? Yes No Starting Check #: _____ (see connexuscu.org for styles)

Please include on my checks: Joint Owner(s)

Standard check style ordered unless specified: _____ Monogram/Accent: _____

YES Money Market Account # _____

Checks: No checks will be ordered unless you check here Starting Check #: _____

Please include on my checks: Joint Owner(s)

Holiday Club Account # _____

Additional Savings Account # _____

Contact Method

Preferred Contact Method: Phone (which _____) Email Mail

Important Notice Regarding New Accounts

Membership Agreement

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record 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, physical street 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.

If I/We are not already a member, I/We apply for membership in and agree to the terms and conditions as provided, and I/We agree to conform to the bylaws and any amendments of Connexus Credit Union. Primary applicant for membership certifies that he or she is within the Credit Union field of membership. I authorize Connexus Credit Union to check my account, credit, and employment history, and to obtain a credit report now or in the future. I understand that this will assist you, for example, in determining my initial and ongoing eligibility for my/our Account and/or in connection with making future credit opportunities available to me. This is not a marital account. If the initial share is deposited by the credit union, it will be revoked if no additional deposits or loans are added to my membership within one year of membership date. It is agreed that if more than one person signs this application, this account is jointly held by the parties named hereon. Upon the death of any of them, ownership or all funds in this account are passed to the survivor. Your retention and/or use of FastCash (ATM) or FastCash & Check (ATM/Debit) card(s) constitutes acceptance of terms and conditions.

Checking Account Agreement

I/We hereby authorize the credit union to establish an account for me/us to be known as a "checking account." The credit union is authorized to pay checks signed by me (or by any of us, if this agreement is signed by more than one person) and to charge the payments against the checking account.

I certify that all statements on this application are true and complete.

Check here if you're under 18. If so, parent or guardian required to sign as joint holder.

Social Security Number/Taxpayer Identification Number

Under penalties of perjury, I certify that: 1)The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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).

Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you qualify and are not a U. S. Person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

X _____

Primary Member Signature (Required)

_____ Date

X _____

Joint Owner (#1) Signature (If applicable)

_____ Date

X _____

Joint Owner (#2) Signature (If applicable)

_____ Date

CREDIT UNION USE ONLY

TIS Disclosures Provided:

_____ - _____ Y / N
Initials Date SDC # From XP Chex Record

Member #

Bridger Insight by: Initials/Date

ATM or FastCash & Check Card

Date Ordered/Initials

Application & System Verified by: Initials/Date

Card Limits\$

Credit Score/Initials

Checks Ordered Initial/Date