



MEMBERSHIP AND ACCOUNT APPLICATION

*Empowering you
and your family
to build better lives.*

Credit Union Use Only

Opened By: _____ Verified By: _____

Member No.: _____ Date Opened: _____

Please complete and sign application, and mail or fax to:

Mailing Address: America's Credit Union, Attention: New Accounts, P.O. Box 469046, Garland, TX 75046-9046

Fax Number: 972-494-0371 or 1-800-543-2803, Attention: New Accounts

Questions or Assistance: 972-494-5328 or 1-800-543-2811, Monday-Friday, 9 a.m.-5 p.m., Central Time Zone

Or bring application to the ACU branch nearest you. Check "fit" to print.

New Applicant
 Change or Addition to existing Account No(s): _____
 Date: _____

Important Identification Requirements: In keeping with the USA Patriot Act, to 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. 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. To open your account, we require two forms of identification: one being a current government-issued picture ID (examples include a state driver's license or a state ID card); the second form can be a Social Security card, student ID card, employee badge/ID card, or credit card. America's Credit Union reserves the right to require written consent of all joint account owners for any changes to, or termination of, the account. If opening more than one product/account with this application, the ownership and, if applicable, POD beneficiaries of all products/accounts must be the same. If you want the ownership (and POD beneficiaries, if applicable) to be different for certain accounts, please complete a separate application for each set of accounts with different owners and beneficiaries. Thank you!

1. Type of Membership

Enclose with this application an initial deposit by check or money order and two forms of ID.

Regular JAMMS Ages: 13 to 17 (joint owner required) JAMMS JR. Ages: 8 to 12 (joint owner required)
 UTMA Business/Association/Non-profit Trust Estate Guardianship SS Rep Payee

2. Account Types and Services

Which accounts and services do you want to open? Please select all that apply.

Accounts	Account Type	Opening Deposit	Checking-Related Services	
<input type="checkbox"/> Savings	<input type="checkbox"/> Regular <input type="checkbox"/> Special	\$ \$25 minimum	<input type="checkbox"/> Visa® Check Card ¹ <input type="checkbox"/> Additional Visa Check Card	Name to appear on additional Visa Check Card ² _____
<input type="checkbox"/> Club	<input type="checkbox"/> Christmas <input type="checkbox"/> Vacation	\$ \$5 minimum	¹ Subject to approval	² Must be joint owner on account
<input type="checkbox"/> Checking	<input type="checkbox"/> Ultimate <input type="checkbox"/> JAMMS	\$ \$50 minimum	Checking Overdraft Avoidance Options	
<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> 6 mos. <input type="checkbox"/> 12 mos. <input type="checkbox"/> 18 mos. <input type="checkbox"/> 24 mos. <input type="checkbox"/> 36 mos.	\$ \$5,000 minimum	<input type="checkbox"/> Savings <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Visa <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Line of Credit <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> I DO NOT want Courtesy Pay ³	
<input type="checkbox"/> Money Market		\$ \$2,500 minimum	<small>Check "Yes" or "No" to select whether or not you want the account accessed for Overdraft Avoidance. If "Yes," check "First," "Second" or "Third" to elect the order in which you want your accounts accessed. If you do not make an election, we will access savings first, Visa second and Line of Credit third. Visa and/or Line of Credit protection is available upon application for credit and qualification under normal ACU credit guidelines. ³Courtesy Pay is a non-contractual courtesy that may be granted at the Credit Union's discretion to qualified Checking account holders whose accounts are in good standing when no other form of overdraft protection is available. A fee equivalent to our NSF fee will be assessed for each item paid using Courtesy Pay.</small>	

VISA CHECK CARD DISCLOSURE: You may use your ACU Visa Check Card at merchants who process debit transactions through the Pulse network instead of the Visa network. This distinction is important because Visa transactions provide certain protections, such as zero liability, which are not available for transactions made on non-Visa networks. The protections and rights applicable only to Visa Check Card transactions as described in your cardholder agreement will not apply to transactions processed on any other network. Non-Visa transactions might arise, for example, when you provide your account number in an e-commerce or telephone order. Merchants who support this option must provide you with a clear way of choosing to make a Visa Check Card transaction.

3. Primary Member/Owner

Enter youth's information if applying for UTMA, JAMMS or JAMMS JR. account.

NAME: Last <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		First	Middle	
Name of Business, Estate or Trust (if applicable)		E-mail Address		
Street Address (required by USA Patriot Act)		City	State	Zip
Mailing Address (if different than Street Address)		City	State	Zip
Social Security or Taxpayer ID Number	Driver's License Number/State	Date of Birth (mm/dd/yyyy)		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-U.S. Citizen
Employer	Occupation (Position/Title)	Home Phone	Cell Phone	Mother's Maiden Name or Security Word
Work Phone/Extension	Employer's Address	City	State	Zip

4. Joint Owner(s) Trustee(s) for this Account

Youth accounts require a parent/guardian as joint owner.

Check here for CONVENIENCE SIGNER (available for Checking and Money Market accounts, or authorized signers of business/organization accounts). CONVENIENCE SIGNER has no ownership interest in the account but may make transactions on behalf of the owner.

ADD REMOVE

NAME: Last <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		First	Middle	
Mailing Address (if different than Street Address)		City	State	Zip
Social Security or Taxpayer ID Number	Driver's License Number/State	Date of Birth (mm/dd/yyyy)		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-U.S. Citizen
Employer	Occupation (Position/Title)	Home Phone	Cell Phone	Mother's Maiden Name or Security Word
Work Phone/Extension	Employer's Address	City	State	Zip

Check here for CONVENIENCE SIGNER (available for Checking and Money Market accounts, or authorized signers of business/organization accounts). CONVENIENCE SIGNER has no ownership interest in the account but may make transactions on behalf of the owner.

ADD REMOVE

NAME: Last <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		First	Middle	
Mailing Address (if different than Street Address)		City	State	Zip
Social Security or Taxpayer ID Number	Driver's License Number/State	Date of Birth (mm/dd/yyyy)		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-U.S. Citizen
Employer	Occupation (Position/Title)	Home Phone	Cell Phone	Mother's Maiden Name or Security Word
Work Phone/Extension	Employer's Address	City	State	Zip

5. Agent Designation and Information

The account(s) listed under the "Account Types" section is/are held by _____ as Executor Guardian
(Agent)
 Custodian under the Texas Uniform Transfers to Minors (UTMA) Act Social Security Payee to receive Social Security disbursements
 Other _____

Agent's Address _____ City _____ State _____ Zip _____

Phone _____ Date of Birth _____ SSN _____

6. Designation of Successor Custodian or Trustee

Pursuant to the Texas Uniform Transfers to Minors Act, I designate _____ as successor custodian.
 This designation shall take effect only upon my death, resignation, incapacity or removal.

Signature of Custodian _____ Date _____

Witness _____ Date _____

Or, pursuant to the Trust Agreement, I designate _____ as successor trustee.

7. Account Ownership Selection

Place your initials next to your chosen form of ownership. The form of account you select determines how property passes on your death. Your will may not control the disposition of funds held in some of the following forms of account ownership. The selection you make below will apply to all accounts listed in the "Account Types" section on the reverse side.

_____ SINGLE-PARTY ACCOUNT WITHOUT "POD" (PAYABLE ON DEATH) DESIGNATION.

_____ SINGLE-PARTY ACCOUNT WITH "POD" (PAYABLE ON DEATH) DESIGNATION. (Complete #8.)

_____ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP.

_____ MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND "POD" DESIGNATION. (Complete #8.)

_____ OTHER _____

8. POD Beneficiaries

Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below for all the accounts selected under the "Account Types" section on the reverse side which are eligible for beneficiary designation.

<u>Name of Beneficiary</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relationship</u>	<u>Member?</u>
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Eligibility

How are you eligible for membership in America's Credit Union?

Employer Live or work in Dallas, Collin or Rockwall County Family member of someone eligible for membership

10. Ordering Ultimate Checking JAMMS Checking Preferred Money Market Account Checks

Yes, I want to order my first book(s) of checks: Quantity/Boxes _____ Style/Color _____ to be printed as follows:

Name(s) _____

Address _____ Apt# _____

City _____ State _____ Zip _____ Phone# _____

The cost of your checks will be charged to your Ultimate/JAMMS/Preferred Money Market account. Checks will be mailed to the address on your checks. Please allow 10 business days for delivery of your personalized checks.

11. Signatures, Authorizations and Certification of Taxpayer ID Number and Withholding Status

Under penalties of perjury, by signing this application, I certify (1) that the number shown on this form is my correct taxpayer identification number; (2) that, unless designated below, I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding; and (3) that I am a U.S. person (including a U.S. resident alien). I am subject to backup withholding.

By signing below, I/we certify that the information on this Account Application (front and back) is complete and true and that I/we agree to be bound by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement and Disclosure, and to any amendments the Credit Union makes from time to time. The terms and conditions of these documents are incorporated herein.

I/we authorize the Credit Union to verify information contained herein and to obtain information from a consumer reporting agency in consideration of this application and/or any request for financial services. If I/we requested a Visa Check Card, I/we agree not to disclose my/our Visa Check Card Personal Identification Number (PIN) code to anyone not authorized to sign or otherwise transact business on my/our accounts and agree to be bound by the terms and conditions of the check card agreement, which are incorporated herein. I/we understand that this service can be cancelled if it has been determined that there has been unauthorized use of my/our account(s), or if I/we request that the service be cancelled. I/we further understand that the use of the Visa Check Card services is subject to the terms and conditions set forth in my Membership and Account Agreements with the Credit Union, and the Credit Union's bylaws, rules and policies now existing or as amended periodically.

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

Primary Signature _____ Date _____

Joint, Trustee or Agent Signature _____ Date _____

Joint, Trustee or Agent Signature _____ Date _____

Convenience Signer Signature _____ Date _____