

# 1

## Initial Accounts to Open Products and Services

- Savings/Share
- Special Savings 1 & 2
- Checking/Share Draft
- Celebrity Investment Account (CIA)
- Share Certificate
- Vacation or Christmas Club
- Debit Card
- Loan
- Home Equity Account
- Other: \_\_\_\_\_



### Fort Financial Credit Union

### Membership Agreement: I hereby make application for membership in the Fort Financial Credit Union. I agree to conform to it's 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). If more than one person signs this agreement, the Account will be joint in all of your names with right of survivorship. You may open additional subshares without obtaining additional signatures.
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 overdrawn, 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 overdrown 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 overdrown or negative balance share and share draft 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 14 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 two of us, this statement applies to both of us.)
14. Your use of the Account is subject to such other terms, conditions, or requirements we may establish from time to time.

# 3

## Primary Member Information

- New
- Update

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.

Account Number \_\_\_\_\_  
 Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Driver's License Number \_\_\_\_\_  
 Eligibility:  
 Employer \_\_\_\_\_  Relative \_\_\_\_\_  
 CDCU  Live  Work  School  Worship  Other \_\_\_\_\_

# 4

## Joint Owner(s) Information

- Add

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 of any one of you acting alone.

**Joint Owner 1**  
 Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Drivers License Number \_\_\_\_\_  
 Existing Account:  No  Yes, my account # is \_\_\_\_\_

**Joint Owner 2**  
 Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Drivers License Number \_\_\_\_\_  
 Existing Account:  No  Yes, my account # is \_\_\_\_\_

**If you are not applying for a loan or credit, proceed to step number 6.**

# 2

## Minor Accounts And Optional Beneficiary Designation

(Parent/Guardian is the custodian and owner on the account. Minor does not have access to funds until age 21. Account is set up under minor's SSN/TIN.)

**UTMA** (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers to Minors Act, minors SSN/TIN \_\_\_\_\_)

I, \_\_\_\_\_, hereby designate \_\_\_\_\_ presently residing at \_\_\_\_\_ as the beneficiary on Account No. \_\_\_\_\_ and as such he/she is entitled to all shares in said account at my death.  
 This order will supercede and override any last will and testament, trust agreement or other beneficiary request unless order is revoked in writing.

**Signature** \_\_\_\_\_  
**Signed before me this** \_\_\_\_\_ **of 20** \_\_\_\_\_  
**Witness Signature** \_\_\_\_\_

# 5

## Loan & Credit Application

Account Number \_\_\_\_\_ Amount Requested \_\_\_\_\_

Purpose of Loan \_\_\_\_\_

Collateral Offered \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Income\* \_\_\_\_\_  Hourly Rate  Annual Salary

\*Alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis of repaying this obligation.

Pay Frequency:  Weekly  Bi-Weekly  Monthly

Housing:  Rent  Own - Monthly Payment \_\_\_\_\_

How long at this residence? \_\_\_\_\_

### Co-Applicant (If Joint Application)

Name \_\_\_\_\_

Address If different from Primary \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Income\* \_\_\_\_\_  Hourly Rate  Annual Salary

\*Alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis of repaying this obligation.

Pay Frequency:  Weekly  Bi-Weekly  Monthly

Security For Advances and Purchases: 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 two of us, this statement applies to both of us.)

I/we have received a copy of the disclosures applicable to the account and services requested above. 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 on the reverse side of this form.

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.

Primary Member's Signature \_\_\_\_\_

Joint Owner's Signature \_\_\_\_\_

Joint Owner's Signature \_\_\_\_\_

## Direct Deposit Enrollment

## Direct Deposit Change Form

Please route my direct deposit per my instructions.

Detach and distribute to  
Human Resources/Payroll Department.

My Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

SSN# \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Please change the following direct deposit information.

(Financial Institution)

(Checking Account Number to be closed)

**I authorize my direct deposit to be routed to Fort Financial Credit Union.**

Fort Financial Credit Union Account Number:

Savings

Checking

Account Number + Check Digit Number

FFCU Routing Number: **274973374**

Signature

Effective Date

For questions or assistance:

Fort Financial Credit Union • Attn: Member Service  
3102 Spring Street • Fort Wayne, IN 46808  
Telephone: 260.432.1561 or 1.800.837.3262

# 6

## Sign Here

Certification of Taxpayer Identification:

Primary Member's Social Security or Federal ID Number

□ □ □ - □ □ - □ □ □ □

**CREDIT UNION USE ONLY** Date \_\_\_\_\_

Branch Number \_\_\_\_\_ By \_\_\_\_\_

Authorization Level \_\_\_\_\_ Supr \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_