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# Membership Application And Agreement

Account Number
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**Please Select Your Account Type(s):**

<input type="checkbox"/> Primary Share (Savings)	<input type="checkbox"/> IRA Share	<input type="checkbox"/> Christmas Club
<input type="checkbox"/> Checking	<input type="checkbox"/> IRA Certificate of Deposit (CD)	<input type="checkbox"/> Vacation Club
<input type="checkbox"/> Certificate of Deposit (CD)	<input type="checkbox"/> HSA Certificate of Deposit (CD)	<input type="checkbox"/> My Club

**Account Ownership:**

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Trust
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## IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

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 You 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.

**Primary Owner Information:**  Member  Trust  Other \_\_\_\_\_

Full Name		Social Security Number	Birthdate
Mailing Address		City	State
Cell Phone	Business Phone	Driver's License Number/State/Exp. Date	E-Mail Address
Employer Name		Please State How You Are Eligible For Membership (who works at the coop?)	
<b>Reference (name and phone number of family relative not living with you)</b>			
Full Name		Phone Number	Relationship

**Joint Owner 1 Information:**  Joint Owner  Trustee  Other \_\_\_\_\_

Full Name		Social Security Number	Birthdate
Mailing Address		City	State
Cell Phone	Business Phone	Driver's License Number/State/Exp. Date	E-Mail Address

**Joint Owner 2 Information:**  Joint Owner  Trustee  Other \_\_\_\_\_

Full Name		Social Security Number	Birthdate
Mailing Address		City	State
Cell Phone	Business Phone	Driver's License Number/State/Exp. Date	E-Mail Address

**Joint Owner 3 Information:**  Joint Owner  Trustee  Other \_\_\_\_\_

Full Name		Social Security Number	Birthdate
Mailing Address		City	State
Cell Phone	Business Phone	Driver's License Number/State/Exp. Date	E-Mail Address

### Payable-On-Death Account Beneficiary Designation

Upon the death of the last surviving owner, the funds in Your Account shall become the property of the beneficiary(ies) listed below who are alive at that time. You may change the beneficiary(ies) identified below only with the written consent of all owners to the Account.

Name _____	Address _____
Name _____	Address _____
Name _____	Address _____
Name _____	Address _____

### VISA Check Card/Voice Response Unit/Internet Account Access/Mobile Banking/Mobile Deposit

You are requesting the convenience of 24-hour access to Your Credit Union Account with VISA Check Card, Voice Response Unit, Internet Account Access, Mobile Banking, and/or Mobile Deposit in conjunction with a Personal Identification Number (PIN) or access code. Your VISA Check Card will allow You to use a number of automated teller machine (ATM) networks, and will also allow You to pay for services and purchases directly from Your linked Account.

ATM/VISA Check Card(s)  HSA Card(s)  Internet Account Access  Mobile Banking  Mobile Deposit

Name on Card 1: \_\_\_\_\_ Name on Card 2: \_\_\_\_\_

Name on Card 3: \_\_\_\_\_ Name on Card 4: \_\_\_\_\_

I wish to order checks for my checking account: Number of boxes \_\_\_\_\_ Color \_\_\_\_\_

## Membership Deposit

### Initial Membership Deposit

MECE Credit Union requires a minimum \$25.00 deposit for opening Your Primary Share Account. This is NOT a fee and if You ever close Your Account, this deposit will be returned to You. Please select one of the following ways in which You would like to make Your deposit:

Transfer \$25.00 from another MECECU Account # \_\_\_\_\_

Mail a \$25.00 check

Make a \$25.00 payroll deduction

I authorize MECECU to withdrawal \$25.00 from my other bank account

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account # \_\_\_\_\_ Type:  Savings  Checking

### Request to Receive Electronic Documentation (Including E-Statements)

If this box is checked, You request that We provide documentation to You electronically according to the Consent to Receive Electronic Documentation Disclosure, which You acknowledge that You have read, You understand and You agree to its terms. Your consent to receive electronic documentation will not be effective unless and until You electronically affirm Your consent with the Credit Union in a manner that demonstrates Your ability to receive such documentation in electronic form.

### Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code \_\_\_\_\_

**INSTRUCTION TO SIGNER.** If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

**DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.**

We will be unable to open an Account for You without a taxpayer identification number.

### Revocable Living Trust

You hereby certify that:

- (1) This is a revocable trust, Name of Trust \_\_\_\_\_;
- (2) The Trustee(s) can accomplish all banking transactions including the deposit and withdrawal of funds and the maintenance of a Safe Deposit Box;
- (3) The Trust Agreement appoints:  
\_\_\_\_\_

as Successor Trustee(s) upon death, legal incapacitation, resignation or incompetence of the (both) Settlor(s) who shall have all the powers identified herein;

- (4) You understand that the Credit Union will rely on the accuracy of the foregoing information and We will continue to do so until We receive notice in writing that this certification has been revoked. You Indemnify Us from any liability and costs we may incur by reason of such reliance. Upon Our request, We shall be entitled to a copy of the trust and any related documents.

You waive all right, title and interest which You may now have as an individual or joint owner of the account funds and transfer ownership of this Account to the living trust named above.

**You agree to be bound by the terms and conditions of this Account with Missouri Electric Cooperatives Employees' Credit Union and the Credit Union's bylaws, rules, and regulations in effect from time to time.**

**Lien Impression and Set-Off.** You agree that We may impress and enforce a statutory lien upon any and all individual, joint or living trust Accounts with Us to the extent You owe Us any money, and We may enforce Our right to do so without further notice to You. We have the right to set-off any of Your money or property in Our possession against any amount You owe Us. The right of set-off and Our impressed lien does not extend to any Keogh, IRA or similar tax-deferred deposit You may have with Us. If Your Account is owned jointly, Our right of set-off and Our impressed lien extends to any amount owed to Us by any of the joint Owners.

We will recognize the signatures below in their trustee capacity, regardless of such designation as trustee, when authorizing any transaction for this account.

\_\_\_\_\_  
Signature of Settlor/Trustee of above Trust

\_\_\_\_\_  
Signature of Settlor/Co-Trustee of above Trust

\_\_\_\_\_  
Signature of Settlor/Co-Trustee of above Trust

\_\_\_\_\_  
Signature of Settlor/Co-Trustee of above Trust

### Signatures

**THE AGREEMENTS AND DISCLOSURES RELATED TO THIS APPLICATION ("CONTRACT") CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.**

You hereby apply for membership with Missouri Electric Cooperatives Employees' Credit Union. You warrant the truth of the information contained in Your application for membership and/or in any subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Missouri Electric Cooperatives Employees' Credit Union in effect from time to time. You further acknowledge receiving a copy of the "Agreements and Disclosures" related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Missouri Electric Cooperatives Employees' Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

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

\_\_\_\_\_  
Applicant (Primary Member) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner #2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner #3 Signature

\_\_\_\_\_  
Date