

For CAFCU use only

Member # _____ Date: ____/____/____ Date: ____/____/____
☐ A Initials: _____ Initials: _____

1. MEMBERSHIP ELIGIBILITY – PRIMARY SHARE/SAVINGS DEPOSIT (please print)

Membership Application

I hereby apply for Corporate America Family Credit Union (CAFCU) membership and also agree to abide by the by-laws and regulations of said organization. Each application will be checked for membership qualification and verified through a credit bureau and/or ChexSystems. I agree to accept the account I qualify for based on the QualiFile information obtained through ChexSystems. In the event I do not qualify for CAFCU membership by (i) being employed through a Sponsor Company, (ii) being a family member, or (iii) living or working within 25 miles of a CAFCU branch office, I hereby authorize CAFCU to enroll me as a member in The Hope Group and, in turn, in CAFCU.

<input type="checkbox"/> I work for a Sponsor/Partner Company: _____ Company Name		<input type="checkbox"/> My family member is sponsoring me _____ Family Member Name Relationship		A minimum \$5 deposit is required to open a CAFCU share account. <input checked="" type="checkbox"/> Regular Share Account* — Membership requires a share account. * Minimum \$25 balance within 90 days to avoid below minimum monthly fee.
<input type="checkbox"/> I live or work within 25 miles of a CAFCU branch office. Please provide employer name and address: _____ Company Name _____ Address			<input type="checkbox"/> Hope Group I hereby apply for membership in The Hope Group and CAFCU. I also agree to abide and conform to the By-Laws, Regulations, and amendments of said organization. The membership fee for The Hope Group is \$5. All payments should be made payable to The Hope Group Association. Additional donations will be accepted: <input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> \$20 <input type="checkbox"/> Other: _____	

2. PRIMARY OWNER INFORMATION (please print)

☐ **New Member**
☐ **Account Information Update**

First Name		Middle Initial	Last Name		Social Security # - -		Birth Date / /	
State Issued	Driver's License #		Issue Date	Expiration Date	Cell Phone ()			
Address			City		State		Zip	
Length of Residence (yrs/mos)		Employer			Occupation			
Home Phone ()		Work Phone ()		Email Address				

3. JOINT OWNER INFORMATION (please print)

☐ **Add Joint Owner**
☐ **Account Information Update**

Joint Share Account Agreement

Corporate America Family Credit Union (CAFCU) is hereby authorized to recognize any of the signatures subscribed hereof in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with CAFCU that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of liability for such payment. Any or all said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right or authority of CAFCU under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to CAFCU which shall not affect transactions theretofore made.

First Name		Middle Initial	Last Name		Social Security # - -		Birth Date / /	
State Issued	Driver's License #		Issue Date	Expiration Date	Cell Phone ()			
Address			City		State		Zip	
Length of Residence (yrs/mos)		Employer			Occupation			
Home Phone ()		Work Phone ()		Email Address				

4. SAVINGS ACCOUNT SELECTION (check all that apply)

☐ **Add Account**

Account Type	Minimum Opening Deposit	Deposit Amount
<input type="checkbox"/> Specialty Share Accounts <input type="checkbox"/> Holiday Club <input type="checkbox"/> Name Your Own Club* *Specify account title as you would like it to appear on your statements. Limit of 24 characters. _____	\$5.00	\$
<input type="checkbox"/> Money Market Account	\$1,000.00	\$
<input type="checkbox"/> Share Certificates (choose term) <input type="checkbox"/> 6-mo. <input type="checkbox"/> 12-mo. <input type="checkbox"/> 24-mo. <input type="checkbox"/> 36-mo.	\$1,000.00	\$
<input type="checkbox"/> 6-month Youth Share Certificate	\$250.00 - min \$1,000.00 - max	\$

5. CHECKING ACCOUNT SELECTION

☐ Add Account

☐ Traditional Checking

You authorize us to obtain ChexSystems information in order to verify your eligibility for our Checking Account. Your signature in this checking section indicates your request for a CAFCU Checking Account and a CAFCU Visa® (ATM/debit) card. By signing I (we) agree to the terms and conditions stated in the Visa (ATM/debit) card cardholder agreement accompanying the card(s). A PIN (personal identification number) will be mailed to you separately.

**We'll waive the \$6 monthly fee when you sign up for eStatements and make at least 10 signature-based purchases a month.

☐ Rewards Advantage Checking**

Checking Options (check all that apply):

☐ Issue Visa® Debit Card to
Primary Owner

☐ Issue Visa® Debit Card to
Joint Owner

☐ Do Not Issue Visa® Debit Card

☐ Do Not Order Checks

☐ Order Checks starting with # _____

If you would like anything other than your name and
address to appear on your checks, please indicate:

Overdraft Protection (Checking Accounts)

We will automatically apply Overdraft Protection* from your Regular Share Account, unless you elect otherwise. Please indicate below which accounts you would like Overdraft Protection to come from and in what order.

Accounts

_____ Money Market

_____ Specialty Share

Loans†

_____ Visa® Credit Card

_____ Home Equity Line
of Credit

_____ Quick Cash Line
of Credit

^ Overdraft Protection does not apply to one-time Visa Debit
signature transactions.

† All loans must be current to be used for Overdraft Protection.

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, which in essence, allow your account to go negative due to overdraft occurrences.
2. We may also offer overdraft protection plans, such as a link to an overdraft line-of-credit, which may be less expensive than our standard overdraft practice. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

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

We do authorize and pay overdrafts for the following types of transactions:

1. Checks and other transactions made using your checking account number
2. Automated clearing house (ACH) transactions

We will not authorize and pay overdrafts for the following types of transactions unless you ask us to (see next column):

1. Everyday Visa Debit Card transactions (any one-time transaction including a point-of-sale transaction, online transaction or a telephone transaction).

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 CAFCU pays my overdraft?

Under our standard overdraft practices:

1. We will charge you a fee of up to \$39 each time we pay an overdraft.
2. There is no limit on the total fees we may charge you for overdrawing your account.

What if I want the Credit Union to authorize and pay overdrafts on my everyday Visa Debit Card transactions?

If you want us to authorize and pay overdrafts on your everyday Visa Debit Card transactions, select "add coverage" below, sign and date this form.

You have the right to revoke your authorization at any time by contacting us using one of the methods listed:

- > Complete a new form and return it to your local branch office
- > Mail a new form to CAFCU, 2075 Big Timber Road, Elgin IL 60123
- > Contact our Member Center at 1-800-359-1939
- > Fax a new form to 847-888-6652

If there are multiple owners on the debit card account, either account owner can act on behalf of all owners on this account. Only one account owner signature is needed to add or remove the overdraft coverage.

ADD COVERAGE

☐ I want CAFCU to authorize and pay overdrafts on my everyday debit card signature transactions.

REMOVE COVERAGE

☐ I do not want CAFCU to authorize and pay overdrafts on my everyday debit card signature transactions.

X

Member Signature

Date

Please contact me with more information about the following: ☐ Visa® Credit Card ☐ Loans ☐ Mortgages ☐ Other _____

☐ Yes, I'd like to arrange Direct Deposit to my CAFCU account(s). Consult with your Human Resources or Payroll Representative about next steps.

☐ Yes, I'd like automated telephone teller access (MARTI).

6. SIGNATURES

The undersigned agree(s) to the applicable terms stated on this contract. The undersigned also agree(s) to the terms stated on the separate account disclosure and acknowledge(s) its receipt. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Member Proxy Statement

I do hereby appoint the members of the Board of Directors of CAFCU, who are the qualified and acting directors at the time that this proxy is used, as proxies to vote for the election of Directors all the shares of CAFCU now or hereafter owned or held by me as the said Directors or majority see fit, at all annual or specific meetings of the members of CAFCU hereafter held and each adjournment thereof, from time to time and year to year, until and unless this proxy is canceled by me. I further authorize the said proxies to designate a person or committee to cast the vote or votes of me in such manner and for such candidates as the said proxies shall determine and as permitted by law. If you do not agree to this proxy statement you must strike out this clause.

W-9 Certification

Under the penalties of perjury, I certify that: (1) that the number shown on this form is my correct Tax Payer Identification number (or I am waiting for a number to be issued to me), and (2) that 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. citizen or other U.S. person (defined in the instructions), and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. You must 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.

X

Member Signature

Date

Printed Name

Preferred Contact Number

X

Joint Owner Signature

Date

Printed Name

Preferred Contact Number

If faxing or mailing this application to Corporate America Family Credit Union, attach a legible copy of the primary owner's and joint owner's (if applicable) valid Driver's License or State Identification card.

Thank you for becoming a member!

2075 Big Timber Road, Elgin, IL 60123
www.cafcu.org | 1-800-359-1939 | Fax 847-888-6653 | Routing #: 271987075

Federally insured by NCUA.

