



MEMBERS CREDIT UNION Application For Account(s)

P. O. Box 5297, Winston-Salem, NC 27113-5297

Member Account Number

Purpose: [X] New Member [ ] Add New Products [ ] Name Change [ ] Add Joint Member(s) [ ] Delete Joint Member(s)

Member Name (First name, initial, last name) Social Security Number (TIN) Date of Birth Area Code & Telephone Number Home Address City, State, Zip Mailing Address (if different from home address) Acct. Password

Complete, Sign Below Joint Account (XX) Joint Name, if applicable Sex Area Code & Telephone Number Social Security Number Date of Birth Joint Member Address (if different from above) Driver's License Number State Date Issued Date Expires

Please check the product or services you wish to open. (You may send a personal check or money order, but please do not mail cash.)

[X] Savings: [X] By Payroll Deduction as specified on the accompanying payroll deduction form, or [ ] With the enclosed funds (\$25.00 minimum.) Cash totaling \$ [ ] Check Check No. [ ] Checking: [ ] With the enclosed funds (\$50.00 minimum.) Cash totaling \$ [ ] Check Check No. [ ] By one-time transfer of \$ from my existing MCU savings account. Account Number: Option 1. [ ] To apply for a Visa Debit Card with an overdraft line of credit of \$500.00 attach MCU forms 182 and 183. Option 2. [ ] To apply for a line of credit greater than \$500.00 check here [ ] and attach MCU forms 181, 182, and 183. Option 3. [X] If you wish a Visa Debit Card without an overdraft line of credit attach MCU forms 182 and 183 and select one: [ ] Overdraft protection by transfer from regular savings only or [ ] no overdraft protection. [X] Please mail me the necessary forms. [ ] Forms are attached or enclosed. [ ] I have the forms and will mail separately when completed. Option 4. [ ] If you do not want a Debit Card, select one: [ ] Overdraft protection by transfer from regular savings only or [ ] no overdraft protection.

[ ] CASH CARD (ATM card for checking and/or saving acct.) [PIN will be assigned.] [X] Christmas Club: Select method of year-end payment: [X] Transfer to MCU checking. [ ] Transfer to MCU savings. [ ] Roll over into next year's Christmas Club. [ ] Send check (address above). [ ] Super 60: [ ] With the enclosed funds (\$600.00 minimum) Cash totaling \$ [ ] Check Check No. [ ] By one-time transfer of \$ from my existing MCU savings account. Account Number: [ ] Trust Account: For a trust account, enter the adult's name on the member name line, and the child's name on the joint name line. [ ] Custodian Account: For a custodian account, enter the child's name on the member name line and the adult's name on the joint name line. [ ] Money Market Account: \$2,000 minimum opening deposit [ ] Individual Retirement Account: (requires additional forms) [ ] Term Share Certificate: \$2,000 minimum opening deposit [ ] Student Checking: \$25.00 minimum opening deposit [ ] MCU4Teens Savings: \$5.00 minimum opening deposit [ ] MCU4Kids Savings: \$5.00 minimum opening deposit Under age 18 requires joint adult signature for the accounts above.

By signing below: (Please attach a copy of driver[s] license) The undersigned applies for membership in Members Credit Union; agrees to its bylaws and the terms and conditions of any approved account, as amended from time to time; and authorizes the credit union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certifies that all information provided on this application is true and correct and that the terms on the application apply to all accounts held by the undersigned at the credit union.

I acknowledge that: [ ] I have received disclosures regarding Funds Availability, Truth-In-Savings, and Electronic Fund Transfers, or [X] I understand that I will receive such disclosures within 20 days after my account is opened. I certify under penalties of perjury that 1) the Social Security Number/Taxpayer Identification Number (TIN) shown above is my correct TIN; and 2) I am not subject to backup withholding either because a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends or b) the IRS has notified me that I am no longer subject to backup withholding; or [ ] Check here if you are subject to backup withholding. (See back for instruction.)

Note: All automatic loan payments via payroll deduction will stop if members signing below file any petition under U.S.C. 701.

X Joseph T. Member 5/1/2006 Member's Signature (sign here for all accounts) Date

Complete/sign for a joint account. JOINT ACCOUNT WITH RIGHT OF SURVIVORSHIP. We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: 1. The credit union may pay the money in the account to, or on the order of, any person named in the account; and 2) Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

We do elect to create the right of survivorship in this account unless this box is checked [ ] no survivorship. X Member's Signature (sign here and above for joint acct.) Date Joint Signature Date

Complete, Sign Below Additional Joint Account (XX) Joint Name, if applicable Sex Area Code & Telephone Number Social Security Number Date of Birth Joint Member Address (if different from above) Driver's License Number State Date Issued Date Expires

MCU Form No. 100 [Rev. 12-04] OFFICE USE ONLY Branch MICR No. Loc. Code Date Joint Account Number