



Your community credit union

1617 West 7th Street
Post Office Box 1777
Fort Worth, Texas 76101-1777
Phone (817) 882-0800
www.eecu.org

Member Service Application

1 SELECT ACCOUNT / SERVICE TYPE

Transaction Type:

- Open Account(s)
Name Change
Add Joint Owner
Delete Joint Owner
Add P.O.D.
Delete P.O.D.

Account Type:

- Savings
Checking
Savings
Young Investors
Special
Association
GlobeTrippers
Real Worth Plus
Advantage
Real Worth
Student
Gold Star
Money Market Checking

Service Type:

- SOS/Telephone Response
ATM (No. of cards desired)
Other
Other

I would like Overdraft Protection* (Yes No)

*A joint member on your Checking Account, who is not joint on your Savings Account, will have access to your Savings Account through Overdraft Protection.

2 MEMBER INFORMATION Please print in ink or type.

Form with fields for ACCOUNT NUMBER, NAME, DATE OF BIRTH, SSN/TAX ID#, MAILING ADDRESS, OCCUPATION, PLACE OF EMPLOYMENT, HIRE DATE, HOME PHONE, BUSINESS PHONE, MOTHER'S MAIDEN NAME, SPOUSE'S NAME, SPOUSE'S BUSINESS PHONE, JOINT OWNER (1) NAME, DATE OF BIRTH, SSN/TAX ID#, MAILING ADDRESS, OCCUPATION, PLACE OF EMPLOYMENT, HIRE DATE, HOME PHONE, BUSINESS PHONE, MOTHER'S MAIDEN NAME, SPOUSE'S NAME, SPOUSE'S BUSINESS PHONE, JOINT OWNER (2) NAME, DATE OF BIRTH, SSN/TAX ID#, MAILING ADDRESS, OCCUPATION, PLACE OF EMPLOYMENT, HIRE DATE, HOME PHONE, BUSINESS PHONE, MOTHER'S MAIDEN NAME, SPOUSE'S NAME, SPOUSE'S BUSINESS PHONE.

3 CERTIFICATION AS TO TAX (I.D.)

Certification as to Tax I.D. (SSN) and Backup Withholding: Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (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).

Certification Instructions. 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

4 MEMBERSHIP/ ACCOUNT AGREEMENT

In this Membership Account Agreement and Membership Services Application, the words "you" and "your" refer to each member and joint owner signing below. The person signing as "member" below hereby makes application for membership in EECU and/or for the accounts or services checked above. By signing below, you acknowledge receipt of and agree to be bound by the terms and conditions of the Credit Union's deposit and services agreements, all of which are expressly incorporated into this Membership Account Agreement and Application. You agree further, to comply with and be bound by the Credit Union's rules, regulations, bylaws and policies now in effect and as amended or adopted hereafter. You authorize the Credit Union to obtain credit reports in connection with the accounts and services addressed in this Application.

All funds deposited into any account opened under this Application, including any earnings thereon, shall be owned by you jointly, with right of survivorship. On the death of one party to a joint account, all sums in the account on the date of the death vest in and belong to the surviving party or parties as his or her separate property and estate. Any payments made at the request of you or any other person with the right to request payment discharges the Credit Union from any liability for such payments. The primary member of the Credit Union, without notice to the joint owner(s), and upon written notice to the Credit Union by completing a new application, may unilaterally change the form of the joint account to delete or terminate the joint owner(s) from any and all Account(s) held at the Credit Union. Such action by the primary member will terminate any interest the joint owner(s) may have in any of the Account(s) held at the Credit Union under this Agreement.

You understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in this account and/or agreement for any particular purpose.

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

SIGNATURE(S)

Form with fields for MEMBER SIGNATURE (each must sign), JOINT OWNER (1) SIGNATURE, JOINT OWNER (2) SIGNATURE, EMPLOYEE SIGNATURE, ChexSystems, THIS APPLICATION APPROVED BY THE MEMBERSHIP OFFICER, DATE, MEMBER, JOINT (1), JOINT (2).

5 PAYABLE ON DEATH ACCOUNT AGREEMENT

You agree with the Credit Union that the person(s) named below is (are) designated as P.O.D. payee(s). During your lifetime all funds on deposit in this account, including any earnings thereon, shall be owned by you and payment may be made upon your request. Upon your death (the death of the last survivor of you) all such funds shall be owned and payment shall be made at the request of any P.O.D. payee(s) surviving. Any payment upon your request or the request of any other party with the right to request payment discharges the Credit Union from any liability for such payments.

Form with fields for PAYABLE ON DEATH PAYEE(S), ADDRESS (Street - City - State - Zip), SOCIAL SECURITY NUMBER, BIRTH DATE.