

## CHECKING ACCOUNT

### SIMPLE AND CONVENIENT ACCESS TO YOUR MONEY

- Get answers with 24-hour automated telephone service by calling 800-760-6328 (MECU).
- Access money quickly and conveniently with a complimentary VISA Debit/ATM Card.
- Pay your bills, track paid checks and deposits, see your transaction history, and more, with free 24 hour online banking at [www.cmecuonline.org](http://www.cmecuonline.org).
- Save time and paper with Email Statement Notification that alerts you when your statement is ready for secure viewing at [www.cmecuonline.org](http://www.cmecuonline.org).
- Checking account switch kit program — Chicago Municipal Employees Credit Union makes it easier than you think to switch financial institutions, with easy, no-interruption convenience. Please ask your representative to provide the Account Closure Form for your signature.

### COURTESY PAY / OVERDRAFT PROTECTION

Feel secure when you're out and about with an optional \$600 Courtesy Pay and/or \$500 Overdraft Protection for qualified members.

### COMPLIMENTARY EXTRAS AND NO-FEE NECESSITIES

- Receive complimentary standard checks (one box per order). Ordering additional checks is easy; simply log on to [www.cmecuonline.org](http://www.cmecuonline.org).
- Enjoy free checking with direct deposit, payroll deduction of \$250 or \$2000 combined balance. Otherwise, the monthly service fee is just \$6.
- Save more with no point-of-sale transaction or per-check fees.
- Withdraw cash at any Allpoint System ATMs with no surcharge fees.
- Use your debit card and earn reward points.

# CMECU COMPLETE ACCESS CHECKING APPLICATION

MEMBER INFORMATION Account No.  NEW  UPDATE DATE \_\_\_\_\_

Full legal name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address: \_\_\_\_\_

Mailing address (street/city/state/zip): \_\_\_\_\_

Day phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_ Cell number: (\_\_\_\_) \_\_\_\_\_

Physical address (street/city/state/zip): \_\_\_\_\_

Driver's Lic #: \_\_\_\_\_ State Issued \_\_\_\_\_ Employer: \_\_\_\_\_

## JOINT OWNERSHIP/BENEFICIARY (OPTIONAL)

- None:** Individual ownership. On your death, ownership of the account passes as a part of your estate under your will, trust, or by intestacy.
- Joint Account with Survivorship:** On the death of a party of the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.
- Joint Account without Survivorship:** On the death of a party of the account, the deceased party's ownership in the account passes as a part of the party's estate under the party's will, trust, or by intestacy.

I/We have read the attached Account Agreements and agree to comply with all its terms and conditions.

► Full legal name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address: \_\_\_\_\_

Physical address (street/city/state/zip): \_\_\_\_\_

Day phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_ Cell number: (\_\_\_\_) \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State Issued \_\_\_\_\_

► Full legal name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address: \_\_\_\_\_

Physical address (street/city/state/zip): \_\_\_\_\_

Day phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_ Cell number: (\_\_\_\_) \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State Issued \_\_\_\_\_

CHOOSE FROM ONE OF THE FOLLOWING:  E-CHECKING  BASIC  UNIVERSAL

## OPENING DEPOSIT (OPTIONAL)

- Funds enclosed (check or money order)
- Please transfer: \$ \_\_\_\_\_ from my CMECU account:# \_\_\_\_\_
- To avoid paying a monthly service charge, I am funding my checking account with a monthly Direct Deposit.**  
ABA routing number: 271078094

## CHECK ORDER

The name and mailing address provided above will be printed on your checks. One free box of 150 checks will be shipped.  Include plastic check cover

Add joint owner name to checks, optional (must match joint owner designated on this form.): \_\_\_\_\_

Add joint owner name to checks, optional (must match joint owner designated on this form.): \_\_\_\_\_

## VISA DEBIT/ATM CARD

I will be issued a VISA Debit/ATM Card. My PIN will be received in a separate mailing.

- I would like to request a VISA Debit/ATM card for myself.
- I would like to request a VISA Debit/ATM card for someone other than myself. Please fill out the joint information above.

(CONT.)

# CMECU COMPLETE ACCESS CHECKING APPLICATION

(CONT.)

## OVERDRAFT PROTECTION / COURTESY PAY)

If I qualify, CMECU will establish a \$500 line of credit for overdraft protection. If I want a larger line of credit, I must complete a loan application and be approved.

Gross monthly income: \$ \_\_\_\_\_

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

I decline overdraft protection.

CMECU will establish a \$600 Courtesy Pay.

Opt in

Opt out

## ONLINE BANKING

Please sign me up for these **FREE** services:

Online Banking

Bill Pay

E-Statements

Mobile & Text Banking

FI to FI Transfers

Person to Person Transfers (*coming soon*)

## BENEFICIARY DESIGNATION

If more than one beneficiary is named, all beneficiaries will have an equal share. Upon death of all owners, this account will be payable to:

► Full legal name: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical address (street/city/state/zip): \_\_\_\_\_

► Full legal name: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical address (street/city/state/zip): \_\_\_\_\_

## SIGNATURES

A. I have read the Checking and Joint Share Account Agreements and agree to comply with these terms and any amendments thereto.

B. If I have requested a VISA Debit/ATM Card, I appoint the individual(s) named as my agent(s) for use of the Card. I am responsible for their actions regarding the use of the Card and indemnify and hold harmless CMECU resulting from such use. I agree to the terms and conditions of the VISA Debit/ATM Card agreement provided with the card(s); if not I will return all cards to CMECU.

C. If I have accepted the overdraft protection provided with a Checking account, I agree to the terms and conditions of the Line of Credit Agreement, Promissory Note, and Truth-In-Lending Disclosure provided when my account is opened.

D. Under penalties of perjury, I certify: (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 for backup withholding; or (b) 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 (cross out this bold section if you are subject to withholding); (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision on this document other than the certifications required to avoid backup withholding.

### IMPORTANT PLEASE NOTE...

At the time you open your CMECU account you will receive our TRUTH IN SAVINGS DISCLOSURE. This includes additional terms and disclosures about funds availability and electronic transfers. Please be sure to read and retain that important information.

By signing below, the undersigned agrees to the terms and conditions governing the services, including any fees, as disclosed on this application. The undersigned authorizes CMECU to verify credit and checking account history, including reports from credit reporting agencies. Further, by signing here you pledge to us and grant us a security interest in any refund which may become payable from the MEABF and Laborer's Pension Funds to cover your Checking Account(s) and Anytime Funds Debit/ATM Card. You authorize us to apply these monies to pay any amount due on the account under this Agreement if you should default.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE

Account number: \_\_\_\_\_

File number: \_\_\_\_\_

**NOTE: If you are a credit card holder and you want to set up pre-authorized payments from your checking account, please ask your representative to provide the Card Holder Agreement form for your signature.**

# CHECKING ACCOUNT AGREEMENT WITH OVERDRAFT PAYMENT PROVISIONS

I/We hereby authorize Chicago Municipal Employees Credit Union to establish a Checking Account for me/us. The Credit Union is authorized to pay checks signed by me (or by any of us) and to charge all such payments against the checks in this Account.

It is further agreed that:

- (a) Only check blanks (and other methods) approved by the Credit Union may be used to make withdrawals from this Account.
- (b) The Credit Union is under no obligation to pay a check that exceeds the fully paid and collected checking balance in this Account. However if any of the undersigned writes a check that would exceed such balance and result in this Account being overdrawn, the Credit Union may:
- 1) Treat such checks as a request to the Credit Union for an advance (in exact amounts) from the loan account identified herein sufficient to permit the Credit Union to pay such checks and credit the loan advance in this Account.
  - 2) If none of the undersigned is then eligible to receive a loan advance as provided above, the Credit Union may, nevertheless, pay such check and transfer checks to this Account in the amount of the resulting overdraft, plus a service charge, from any other regular share account from which any of the undersigned is then eligible to withdraw checks.
- (c) The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the check.
- (d) When paid, checks become the property of the Credit Union and will not be returned either with the periodic statement or otherwise.
- (e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or non-payment of a check.
- (f) Any objection respecting any item shown on a periodic statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.
- (g) This Account is subject to the Credit Union's right to require advance notice of withdrawal, as provided by the by-laws.
- (h) This Account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.

**Main Office**  
18S.MichiganAve.,Ste.1000  
Chicago,Illinois60603  
Phone:312236-2326  
Fax:312236-1147

**Austin/W. Garfield Office**  
4909WestDivision  
Chicago,Illinois60651  
Phone:312236-2326  
Fax:773378-2897

**COS Office**  
3510 S Michigan Ave  
Chicago, IL 60653  
Phone: 312-236-2326

**E-mail:**  
[info@cmecuonline.org](mailto:info@cmecuonline.org)

**Web Site/Home Banking:**  
[www.cmecuonline.org](http://www.cmecuonline.org)



**Federally Insured  
by NCUA**



Chicago Municipal Employees  
Credit Union