

# Electronic Enrollment Forms

## A Financial Institution That Works For People, Not Profit.

Chicago Municipal Employees Credit Union (CMECU) is a not-for-profit, federally insured financial institution chartered in 1926 to provide members with a safe place to save and borrow at favorable rates. The credit union is owned by its members, and operated by a professional staff that is overseen by a volunteer board of directors.

Membership is open to all employees of the City of Chicago and its sister agencies, beginning on the day of hiring, and to anyone who lives, works or worships in the Austin/West Garfield community. Family members of eligible individuals are also welcome to join, including spouses or life partners; children (natural, foster or adopted); siblings and their spouses or life partners; parents; grandparents; grandchildren; and all step relations.

To join, complete the attached Member Service form, and submit it to CMECU along with a check or money order for \$35.00, which represents the value of one share (a \$25.00 minimum deposit) plus a one-time \$10.00 processing fee.

You also may join CMECU by authorizing Direct Deposit of your paycheck, Social Security, pension or other recurring payments (like Payroll Deductions) to your credit union account. A Direct Deposit / Payroll Deduction authorization form is enclosed for your convenience.

Thank you for your interest in Chicago Municipal Employees Credit Union. We welcome the opportunity to serve you.

### To use electronic enrollment forms:

1. Complete all applicable information on the Member Service Form, Payroll Deduction Direct Deposit Authorization Form and Proxy card. This can be done directly on your computer by clicking the Begin Enrollment Process button below. The forms can also be printed and completed by hand in pen.
2. Once the forms are complete, print at least one copy.
3. Submit Member Service form, requests for Payroll Deduction, Proxy card and any required enrollment costs to:  
Chicago Municipal Employees Credit Union  
33 N LaSalle Street, Suite 300  
Chicago, IL 60602-9913
4. Send requests for Direct Deposit to your payroll department.

Please be sure to keep a copy of the enrollment forms for your records.

[Begin Enrollment Process](#) 

# MEMBER SERVICE CARD

## ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Suffix*	Suffix*
Share/Savings _____	Money Market _____
Share Draft/Checking _____	Living Trust _____
Share Certificate _____	Other _____

\*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that ACCOUNT TYPE.

## ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:	Loan Account Request:    Individual    Joint
Audio Response:	Loan Account                      Credit Insurance Statement of Intent
Overdraft Protection (Indicates transfer priority):	Credit Card                      Single Credit Disability
ATM Card:                      Debit Card:	Line of Credit                      Single Credit Life
PC Access/Internet Banking:	Overdraft Protection              Joint Credit Life
Other:	(For insurance coverage you must sign a separate cost disclosure and election for this voluntary insurance.)

## MEMBER APPLICATION AND INFORMATION

Member/Owner:	Member No:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone:                      Listed      Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Eligibility for Membership:
Employment:	
Position/Title:                      Years:                      Full Time                      Part Time                      Hrs.	
Income:                      Gross Monthly Income \$                      (or)                      Net Monthly Income: \$	
Home:                      Own                      Rent                      How long?                      Years                      Monthly Payment: \$	

## ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

<b>Individual</b>	<b>Joint Account with Survivorship</b>	<b>Joint Account without Survivorship</b>
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Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone:                      Listed      Unlisted	Password:
Work Phone:	E-mail:
Employment:	

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone:                      Listed      Unlisted	Password:
Work Phone:	E-mail:
Employment:	

## ACCOUNT DESIGNATIONS

<b>Payable on Death (POD)/Trust Account</b>	All accounts      Designate specific account(s):	
Beneficiary/POD Payee:		Beneficiary/POD Payee:
Street:		Street:
City/State/Zip:		City/State/Zip:
UTTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/ Gifts to Minors Act). Minor's SSN/TTN: _____		
Agency	Name of Agent: _____ (please print)	
	Signature: _____ date	
	All Accounts      Designate specific account(s):	
Other:		See Account Authorization Card

**CO-APPLICANT LOAN INFORMATION**

(Complete "Co-Applicant" section: (1) with Co-Applicant information for joint credit, or (2) with spousal information if: your spouse will use or be liable for the account; you will rely on your spouse's income to pay the debt; or if Member resides in a community property state. AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI).

Member/Owner:	Member No:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Eligibility for Membership:
Employment:	
Position/Title:	Years: Full Time Part Time Hrs.
Income: <input type="checkbox"/> Gross Monthly Income \$ (or) Net Monthly Income: \$	
Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent How long? Years Monthly Payment: \$	

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

*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.*

**SIGNATURES**

By signing below, you certify that the information on this Member Service Card is complete, true, and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Member Service Card for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the credit union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to the terms of the following Agreements applicable to the Accounts and Services requested.

- **Membership and Account Agreement.** You acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.
- **Overdraft Loan Agreement.** If an Overdraft Loan Account is requested and provided, you acknowledge receipt of and agree to the terms of the Overdraft Loan Agreement and Truth in Lending Disclosure.
- **Credit Card Agreement.** If a Credit Card Account is requested and provided to you, you acknowledge receipt of and agree to the terms of the Credit Card Agreement which governs your Credit Card account. You grant us a security interest in all of your Credit Union Shares in Acct. No. \_\_\_\_\_ to secure your Card obligation.
- **Electronic Funds Transfer Agreement.** If an access card or Electronic Funds Transfer (EFT) Service is requested and provided, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

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

<b>X</b>		<b>X</b>	
Signature	Date	Signature	Date
<b>X</b>		<b>X</b>	
Signature	Date	Signature	Date

<b>FOR CREDIT UNION USE ONLY</b>	See Account Change Card	See Insurance Beneficiary Card
Loan App'd By:	\$ Amount App'd:	
Date of Membership:	Opening App'd by:	Membership Verification:
Credit Report	Check Verify	PIN Request
Access Report	Audio Response	Access Card

# PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

## EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

<b>Initial Authorization</b>	<b>Change in Authorization</b>	<b>Member No.:</b>
Member: _____		
Employer: _____		SSN/TIN: _____
Home Phone: _____	Work Phone: _____	Payroll No.: _____

I hereby authorize my employer to deduct from my salary the amounts indicated on this authorization and to deposit these funds at the credit union for each payroll period following receipt of this authorization until further notice from me. I understand that this authorization is revocable. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization. If I fail to cancel this authorization upon filing for bankruptcy, my employer and the credit union are directed to make and apply deductions in accordance with this authorization. I grant the credit union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount:	Net Check	\$ _____	Payroll Period:	Weekly	Monthly
				Biweekly	Semi-Monthly
Credit Union R/T No.: _____					

Deposit To:	Savings	Checking	
	<input checked="" type="checkbox"/>		
Signature _____		Effective Date _____	

## CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above, I authorize the credit union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	# _____	\$ _____	or	_____	%
Share/Savings	# _____	\$ _____	or	_____	%
Money Market	# _____	\$ _____	or	_____	%
Loan	# _____	\$ _____	or	_____	%
Loan	# _____	\$ _____	or	_____	%
IRA	# _____	\$ _____	or	_____	%
Other: _____	# _____	\$ _____	or	_____	%
Other: _____	# _____	\$ _____	or	_____	%
<b>TOTAL</b>		<b>\$ _____</b>	<b>TOTAL</b>	_____	<b>%</b>

# PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

## EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Initial Authorization      Change in Authorization

Member No.:

Member: \_\_\_\_\_

Employer: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Payroll No.: \_\_\_\_\_

I hereby authorize my employer to deduct from my salary the amounts indicated on this authorization and to deposit these funds at the credit union for each payroll period following receipt of this authorization until further notice from me. I understand that this authorization is revocable. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization. If I fail to cancel this authorization upon filing for bankruptcy, my employer and the credit union are directed to make and apply deductions in accordance with this authorization. I grant the credit union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount:      Net Check      \$ \_\_\_\_\_      Payroll Period:      Weekly      Monthly

Biweekly      Semi-Monthly

Credit Union R/T No.: \_\_\_\_\_

Deposit To:      Savings      Checking

X \_\_\_\_\_  
Signature

\_\_\_\_\_ Effective Date

## CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above, I authorize the credit union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	#	_____	\$	_____	or	_____	%
Share/Savings	#	_____	\$	_____	or	_____	%
Money Market	#	_____	\$	_____	or	_____	%
Loan	#	_____	\$	_____	or	_____	%
Loan	#	_____	\$	_____	or	_____	%
IRA	#	_____	\$	_____	or	_____	%
Other: _____	#	_____	\$	_____	or	_____	%
Other: _____	#	_____	\$	_____	or	_____	%
<b>TOTAL</b>			\$	_____	<b>TOTAL</b>	_____	%

# PROXY

The undersigned does here by constitute an appoint the members of the Board of Directors of CHICAGO MUNICIPAL EMPLOYEES Credit Union, Chicago, Illinois, who are qualified and acting directors at the time this proxy is used, as proxies to vote for the election of directors, all shares of CHICAGO MUNICIPAL EMPLOYEES Credit Union now or hereafter owned or held by the undersigned, as the said directors of a majority of them see fit, at all annual or special meetings of the members of said credit union hereafter held any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member. The undersigned further authorizes the said proxies to designate a person or committee to cast the vote or votes of the undersigned in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
SIGNATURE