

## 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. CMECU has approximately 18,000 members.

CMECU recently partnered with Health Care Association Federal Credit Union, Chicago Police – Commanding Officers and Sergeants Credit Union and Columbia College Chicago to offer more benefits to the employees and their families.

Membership as always is open to all employees — beginning on the date of hiring — of the City of Chicago and its sister agencies, such as the Chicago Housing Authority (CHA), Chicago Park District, Public Building Commission, Chicago Public Schools (CPS), City Colleges of Chicago (CCC), Chicago Police Department (CPD), Chicago Fire Department (CFD), Chicago Public Libraries, Chicago Transit Authority (CTA); or if you live, work or worship in the Austin/West Garfield Community and specifically the following zip codes: 60634, 60641, 60618, 60635, 60639, 60647, 60651, 60624, 60612 and 60644.

Retirees of the above entities and members and employees of the Municipal Employees' Annuity and Benefit Fund of Chicago, plus the Laborers and Retirement Board, are also eligible to join the credit union, as are family members and domestic partners of any current credit union member.

Recently the State of Illinois – Department of Financial and Professional Regulation, Credit Union Section – approved our request to expand our territory and help more communities by offering our products and services! Our new geographical boundaries are as follows for all who work or live in Cook County (residents, employees, employers and family members):

- ✧ North boundary is Central Ave. ✧
- ✧ West boundary is Cook County/Will County/DuPage county intersection, then following the Cook County border straight north intersecting with Central road
- East boundary is Lake Michigan
- ✧ South boundary is 47th St.

If you have a friend, coworker or family member (spouses, children, siblings, parents, grandparents and grandchildren) who is not a member of our credit union, share the expansion and benefits of credit union membership included in your folder or at our website. Help your loved ones to join a financial institution that values people over profits.

Also eligible are employees and family members of employees for Metra, Grossinger Auto Group, Golub Real Estate Services LLC, and G4S Secure Solutions. 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 visiting [www.cmecunonline.org](http://www.cmecunonline.org) > **How to Join** > **Become a Member** > **Online Membership Application**. The forms can also be printed and completed by hand in pen by clicking the Enrollment forms.
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  
18 S. Michigan Avenue, Suite 1000  
Chicago, IL 60603
4. Send requests for Direct Deposit to your payroll department.

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



## Member Services Request

NEW       UPDATE      DATE: \_\_\_\_\_      MEMBER NO: \_\_\_\_\_

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person when opening a new account. **What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.**

### MEMBER/OWNER INFORMATION

Update

Member/Owner Name:		SSN/TIN:
Mailing Address:		ID Type:
City/State/Zip:		ID Number:
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Employer:	Occupation/Title:	

*The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.*

### ACCOUNT OWNERSHIP

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

Individual       Joint Account with Rights of Survivorship       Joint Account without Rights of Survivorship

### JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Joint Owner    UTMA/UGMA Custodian    Agent    Other Authorized Signer (Describe): \_\_\_\_\_  
 Add    Update    Remove      See Account Authorization Card

Name #1:		SSN/TIN:
Mailing Address:		ID Type:
City/State/Zip:		ID Number:
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Employer:	Occupation/Title:	

Joint Owner    Agent    Other Authorized Signer (Describe): \_\_\_\_\_  
 Add    Update    Remove      See Account Authorization Card

Name #2:		SSN/TIN:
Mailing Address:		ID Type:
City/State/Zip:		ID Number:
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Employer:	Occupation/Title:	

**JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)**

Joint Owner     Agent     Other Authorized Signer (Describe): \_\_\_\_\_  
 Add     Update     Remove    See Account Authorization Card

Name #3: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Listed  Unlisted    E-Mail: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted    Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

**ACCOUNT TYPES**

Share/Savings: \_\_\_\_\_  Add  Remove     Money Market: \_\_\_\_\_  Add  Remove  
 Share Draft/Checking: \_\_\_\_\_  Add  Remove     Other: \_\_\_\_\_  Add  Remove  
 Share Certificate/Certificate: \_\_\_\_\_  Add  Remove     Other: \_\_\_\_\_  Add  Remove

**ACCOUNT SERVICES**

ATM Card: \_\_\_\_\_  Add  Remove     Overdraft Protection     Update  
 Debit Card: \_\_\_\_\_  Add  Remove    Indicate transfer priority:  
 Audio Response: \_\_\_\_\_  Add  Remove    1. \_\_\_\_\_  
 Internet Banking: \_\_\_\_\_  Add  Remove    2. \_\_\_\_\_  
 Mobile Banking: \_\_\_\_\_  Add  Remove    3. \_\_\_\_\_  
 Bill Payment: \_\_\_\_\_  Add  Remove    4. \_\_\_\_\_  
 Other: \_\_\_\_\_  Add  Remove

**ACCOUNT DESIGNATIONS**

Payable on Death (POD)/Trust Account     All Accounts     Designate Specific Accounts: \_\_\_\_\_  
 Add     Update     Remove     Add     Update     Remove  
Beneficiary/POD Payee: \_\_\_\_\_    Beneficiary/POD Payee: \_\_\_\_\_  
SSN/TIN: \_\_\_\_\_    Date of Birth: \_\_\_\_\_    SSN/TIN: \_\_\_\_\_    Date of Birth: \_\_\_\_\_  
Street: \_\_\_\_\_    Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_    City/State/Zip: \_\_\_\_\_

**UTMA/UGMA**

\_\_\_\_\_ (as custodian for \_\_\_\_\_ (minor)  
under the Uniform Transfers/Gifts to Minors Act.) Minor's SSN/TIN: \_\_\_\_\_

**Agency**

Name of Agent: \_\_\_\_\_

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

All Accounts     Designate Specific Accounts: \_\_\_\_\_

**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 (or I am waiting for a number to be issued), and*

(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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).*

**Certification Instructions.** Check the box for item 2 above if you have been notified by the IRS that backup withholding applies. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person.

**AUTHORIZATION**

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

*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/Owner	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

**FOR CREDIT UNION USE ONLY**

Date of Membership: \_\_\_\_\_ Opened/Approved By: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

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

Verification List(s) Checked:  OFAC  Other: \_\_\_\_\_

List Verification Completion Date: \_\_\_\_\_ By: \_\_\_\_\_

Reports Checked:  Credit Report  Check Verification Report  Other: \_\_\_\_\_

Overdraft Protection Opt-in Completion Date: \_\_\_\_\_

**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

Account No: \_\_\_\_\_

  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>	_____ %



# 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    Account No: \_\_\_\_\_

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>	<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

Account No: \_\_\_\_\_

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

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

# 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