



MEMBERSHIP APPLICATION

Wright-Patt Credit Union, Inc.
 Attn: Member Services
 P.O. Box 286
 Fairborn, OH 45324-0286

"Please print out and complete the following application, have the applicant(s) signature(s) notarized, including all joint signer(s), and mail along with \$5 to open the account and a photocopy of valid picture ID(s) of all account signers."

Federal Law requires us to obtain, verify and record information about your identity. When you open an account, you will be asked to provide information that will allow us to identify you. We will also ask for a copy of your driver's license or other federal or state government ID. Thank you in advance for your cooperation.

Primary Member Name	Account Number (if applicable)	Date
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Accounts To Be Opened

Savings Accounts:	Checking Accounts: (Select one only)	Products/Services:
<input type="checkbox"/> TrueSaver Account Navigators Youth Club? <input type="checkbox"/>	<input type="checkbox"/> Regular Checking	<input type="checkbox"/> WrightCheck® MasterMoney™ Debit/ATM Card Opt-In to EasySaver SM program? <input type="checkbox"/>
<input type="checkbox"/> Secondary Share Account	<input type="checkbox"/> Checking with Dividends	<input type="checkbox"/> WrightCash® STAR® ATM Card
<input type="checkbox"/> Personal Capital Money Market Savings	<input type="checkbox"/> Select Checking	<input type="checkbox"/> Call-24™ Automated Telephone Teller
<input type="checkbox"/> Club Account Term: ____ (between 3 and 12 months)		<input type="checkbox"/> WPCU Online (home banking) with free Bill Pay*
<input type="checkbox"/> Share Certificate Term: ____ (between 6 and 72 months)		<input type="checkbox"/> eStatements*

*Must provide email address below.

Primary Member Information

Name	Social Security Number	Date of Birth
Address	City, State, Zip	
Home Phone ()	Work Phone (include ext.) ()	Cell Phone ()
Email Address	Mother's Maiden Name	How Eligible For Membership?

Joint Member #1

Name	Social Security Number	Date of Birth
Address	City, State, Zip	
Home Phone ()	Work Phone (include ext.) ()	Cell Phone ()
Email Address		

Joint Member #2

Name	Social Security Number	Date of Birth
Address	City, State, Zip	
Home Phone ()	Work Phone (include ext.) ()	Cell Phone ()
Email Address		

Designation of Beneficiary (Individual Accounts) or Pay on Death (POD) Payees (Joint Accounts) with Right of Survivorship

I designate the individual(s) named below as my primary payable-on-death beneficiary(ies) for the share(s) specified. I hereby revoke all prior designations, if any, made by me with respect to the specified share(s). If any beneficiary shall predecease me, his or her interest, and the interest of any of his or her heirs, shall then terminate. The percentage share of remaining beneficiaries shall be adjusted upward on a prorate basis. Also, unless otherwise instructed by me in writing, I understand that upon my death, the beneficiary(ies) interest will be paid out in the manner selected by the individual beneficiary(ies).

Beneficiary #1

Name	Social Security Number	Date of Birth
Address	City, State, Zip	
Applicable to the following shares:		Share %

Beneficiary #2

Name	Social Security Number	Date of Birth
Address	City, State, Zip	
Applicable to the following shares:		Share %

Personal Finance Review:

We offer this free service to identify opportunities for improving personal debt. Members interested in saving money on their consumer loans may take advantage of WPCU's Personal Finance Review. By allowing us to obtain a current credit report, we will help you identify your current debts and interest rates, and to the extent possible, offer suggestions for helping you reduce your monthly debt payments. To take advantage of this optional service, please estimate your current debts in the spaces provided, and initial where indicated.

	Estimated Balance	Rate
Mortgage Loan \$ _____		_____
Home Equity Loan \$ _____		_____
Car Loan #1 \$ _____		_____
Car Loan #2 \$ _____		_____
Total Credit Cards \$ _____		_____
Other Loan #1 \$ _____		_____
Other Loan #2 \$ _____		_____

By my (our) initials below, I (we) give WPCU permission to obtain a consumer credit report on my (our) behalf for the purpose of identifying opportunities for improving the management of my (our) personal debts.

Primary Member

Joint Owner #1

Joint Owner #2

TIN Certification and Backup Withholding Information

Under penalty of perjury, I certify that the number shown below is my correct Taxpayer Identification Number (TIN) and:

- I am a U.S. person (including a U.S. resident alien), and
- I am **not** subject to backup withholding, because I am exempt: I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of failure to report all interests or dividends; or the IRS has notified me that I am no longer subject to backup withholding.
- I am subject to backup withholding.

Primary Member Signature

Social Security Number or
Taxpayer Identification Number

Account Agreement and Authorization:

I hereby authorize Wright-Patt Credit Union, Inc. (the "Credit Union") to establish this account. All persons signing this Master Membership and Account Agreement ("Master Agreement") are joint owners of all account proceeds, including all dividends, with right of survivorship. This Master Agreement is a continuing authorization to open any additional share/deposit sub-accounts (excluding Individual Retirement Accounts) on the verbal, electronic, or written request of any owner. I/we understand and agree that this Master Agreement shall govern all share/deposit sub-accounts subsequently opened. Ownership, including payable of death beneficiaries, on all sub-accounts will be the same as set forth above. If I/we desire to have accounts with different ownership interests, I/we will execute additional Master Agreements. If a checking account is established, the primary share account will be the default overdraft source.

The Credit Union is hereby authorized to recognize the signature(s) subscribed hereto in the payment of funds or the transaction of any business for this account. I agree to allow the Credit Union to obtain periodic credit reports. The right or authority of the Credit Union under this agreement shall not be changed or terminated except by written notice to the Credit Union which shall not affect transactions theretofore made.

I acknowledge receiving a copy of and agree to be bound by the terms and conditions of this Agreement, the applicable Truth-in-Savings Account disclosures, the Membership and Account Agreement, the General Fee Schedule, and the Rate Sheet, which are hereby incorporated and made part of this Agreement. The term "I" refers to each person signing this Agreement.

Primary Member Signature

Date

Joint Owner Signature

Date

Joint Owner Signature

Date

Credit Union Use Only:

Primary I.D.

ID State

Branch Code

Teller #

Action Taken:

- New Account
 Change of Beneficiary
 Add Joint
 Drop Joint
 Name Change _____

Chex Systems:

- Record _____
 No Record

U.S. Citizen:

- Yes
 No



How Do You Want Overdrafts Handled On Your Checking Account?

Date: _____

Please make a selection in the Overdraft Protection section and a selection in the Courtesy Pay section.

Overdraft Protection

In the event that a check or other transaction, including automatic bill payments, on your checking account causes your checking account to go negative, funds will be transferred from the designated share or loan to bring your checking account positive. When the transfer is made from a share account, there is a \$5.00 transfer fee. No fee is charged when the transfer is from a line of credit or credit card account. If you choose no overdraft source for your checking account, your account will be subject to the standard NSF fee as described in the General Fee Schedule.

Yes, I would like Overdraft Protection on my account. The following share and/or loan accounts are currently set up as Overdraft Protection on the account listed above. Transfers from shares will incur a \$5 transfer fee charged to the checking account and money will be transferred in \$100 increments. Government regulations limit the number of TrueSaver and Personal Capital Money Market Savings transfers per month. Refer to your disclosure for details. Transfers from loans/credit card do not incur a transfer fee; however, interest will accrue from the date of the transfer.

Account Number	Share ID	Share Description

No, I decline Overdraft Protection on my account. I understand that any overdraft on my account will be returned, or "bounced," and a standard NSF fee will be charged.

Courtesy Pay

If no money is available in the share/loans listed above as Overdraft Protection or if you have declined Overdraft Protection on your account, we can honor your checks and draw your checking account negative. We will charge our standard NSF fee but you will avoid merchant returned items fees. We do this at our option and may suspend the courtesy if, for example, your checking account becomes uncomfortably negative or if you exceed more than 10 paid checks per month, not to exceed 60 per year.

To qualify for this courtesy we ask that you:

- Be at least 18 years old or older
- Be current on any credit union loans, including credit cards.
- Maintain a regular direct deposit of at least \$100 per direct deposit into your WPCU checking or TrueSaver account.
- Bring your checking balance current within a week after it becomes negative.
- Understand that we may discontinue paying overdrafts for NSF's under the Courtesy Pay option at anytime and without liability.

Yes, I would like Courtesy Pay coverage on my account listed above.

No, I decline Courtesy Pay coverage on my account listed above. I understand that any overdraft on my account will be returned, or "bounced," and a standard NSF fee will be charged.

Member's Signature



OVERDRAFT COVERAGE FOR DEBIT/ATM CARD TRANSACTIONS

What You Need to Know about Overdrafts and Overdraft Fees?

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in three different ways:

1. We have Overdraft Protection, which is a link to your TrueSaver savings account and Readyline line-of-credit, if applicable, that comes with your account. This protection is less expensive than overdraft coverage. We will automatically cover debit card and ATM overdrafts when money is available in your TrueSaver savings account and/or ReadyLine line-of-credit, unless you have asked us not to. To set up overdraft protection to your money market account or credit card, please visit your Member Center or contact us at (937) 912-7000 or toll-free at (800) 762-0047.
2. We offer Courtesy Pay which provides an additional layer of coverage above and beyond Overdraft Protection for check and ACH transactions.
3. We also have Overdraft Coverage which provides an additional layer of coverage above and beyond Overdraft Protection for your debit card transactions.

THIS NOTICE EXPLAINS OVERDRAFT COVERAGE

What Is Overdraft Coverage? How we can protect your account...

At your request, Debit Card Overdraft Coverage allows us to authorize the following types of transactions, at our discretion, when you overdraw your account:

1. Everyday debit card transactions which include signature and pin-based point of sale transactions
2. ATM transactions *

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

You can change your Overdraft Coverage selection at any time by contacting WPCU.

**We don't routinely permit overdraft coverage on transactions performed at an ATM.*

What fees will I be charged if Wright-Patt Credit Union pays my overdraft?

Under our Debit Card Overdraft Coverage:

- We will charge you a fee of \$19 each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

What if I want you to authorize and pay overdrafts on my everyday debit card and ATM transactions?

If you want us to authorize and pay overdrafts on everyday debit card and ATM transactions, simply check the appropriate box below and sign where indicated.

Yes. I want Wright-Patt Credit Union to authorize and pay overdrafts on my everyday debit card and ATM transactions. I understand I have the right to revoke my consent and opt-out of Overdraft Coverage at any time.

No. I do not want Wright-Patt Credit Union to authorize and pay overdrafts on my everyday debit card and ATM transactions.

Member's Signature

Date