



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 |
|---------------------|--------------------------------|------|

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

How do you want us to handle overdrafts to your account? Your options are described below. You can choose more than one, in which case your choices will be applied sequentially from top to bottom. If you have another account already at WPCU, you may have other shares available to use to protect your checking account....please contact the member center closest to you or our Member Help Center for details. 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.

**You must indicate a selection in the TrueSaver section and the Courtesy Pay section.
Please return this signed form along with you Master Membership and Account Agreement.**

ReadyLine Line of Credit: The ReadyLine Line of Credit is subject to credit approval. No fee is charged for this option; however you will pay interest on your outstanding ReadyLine balance at WPCU's current interest rates.

OR

I do not want to use my ReadyLine Line of Credit to pay overdrafts.

TrueSaver Account: We will take money from your TrueSaver share account if it's available unless you use this form to tell us not to. Money is transferred in \$100 increments. The cost is \$5.00 per transfer. Government regulations limit the number of TrueSaver transfers per month. Refer to your TrueSaver Share Disclosure for details.

OR

I do not want to use my TrueSaver account to pay overdrafts.

Personal Capital Money Market Savings Account: If you choose this option, we will take money from your Personal Capital Money Market Savings Account if it's available. Money is transferred in \$100 increments. The cost is \$5.00 per transfer. Government regulations limit the number of Personal Capital Money Market Savings transfers per month. Refer to your Personal Capital Money Market Savings Account Disclosure for details.

OR

I do not want to use my Personal Capital Money Market Savings account to pay overdrafts.

Courtesy Pay: If no money is available per any of the options above, 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.

OR

I do not want the Courtesy Pay option described above as overdraft protection for my checking account. I understand that any overdraft on my account will be returned, or "bounced," and a standard NSF fee will be charged.

My choices are noted above:

Member's Signature