



Membership and Services Application

GEMC FCU will comply with the requirements of the USA Patriot Act. What this means for new accounts: The Credit Union will ask the name, physical address, date of birth, and other information that will allow us to identify new account holders. We may also ask to see a valid driver's license or other identifying documents. Transactions to or from any account(s) may be limited until verification of the identity of all applicable persons is completed.

By signing below, I am requesting the following products and services: **CHECK ALL THAT APPLY**

<input type="checkbox"/> Basic Savings (required)	<input type="checkbox"/> Money Market Account	<input type="checkbox"/> Spark Checking	<input type="checkbox"/> Free Web Account Access	<input type="checkbox"/> Free VISA Debit Card
<input type="checkbox"/> Additional Savings	<input type="checkbox"/> Basic Checking	<input type="checkbox"/> Student Checking	<input type="checkbox"/> Web Bill Pay	<input type="checkbox"/> ATM Card (no VISA Debit Card)
<input type="checkbox"/> Holiday Club Savings	<input type="checkbox"/> Dividend Checking	<input type="checkbox"/> Free Powerline Teller	<input type="checkbox"/> _____	

MEMBER INFORMATION

Member No:	Share ID No: (assigned by Credit Union)	
MEMBER NAME Last	First	Initial
Date of Birth:	Home Phone:	Work Phone:
Physical Address:	City	State - Zip Code:
Mailing Address (if different):		
Employer:	Employment Date:	Occupation:
Email Address:	Mother's Maiden Name:	How are you eligible for credit union membership? (employment, family, other)

JOINT ACCOUNT DESIGNATION

Check Box Single Account (If checked, skip to POD account designation) Joint Account (Complete this section and all owners must sign below) **APPLIES TO ALL ACCOUNTS**

JOINT OWNER 1 NAME Last	First	Initial	SSN or TIN:	Driver's License (or Other ID) Type: _____ State: _____
Date of Birth:	Home Phone:	Work Phone:	Cell Phone:	Number: _____ Issue: _____ Exp: _____
Physical Address:	City		State - Zip Code:	
Mailing Address (if different):				
Employer:	Employment Date:	Occupation:		
Email Address:	Mother's Maiden Name:			

JOINT OWNER 2 NAME Last	First	Initial	SSN or TIN:	Driver's License (or Other ID) Type: _____ State: _____
Date of Birth:	Home Phone:	Work Phone:	Cell Phone:	Number: _____ Issue: _____ Exp: _____
Physical Address:	City		State - Zip Code:	
Mailing Address (if different):				
Employer:	Employment Date:	Occupation:		
Email Address:	Mother's Maiden Name:			

P.O.D. ACCOUNT DESIGNATION

YES, I request this be designated a Payable on Death (POD) account. POD Designation will cover all your accounts at the credit union, excluding IRA's and certificates. If two or more beneficiaries are named and survive the death of the person(s) creating the account, such beneficiaries will own this account in equal shares as joint tenants with rights of survivorship.

Name	Address, City, State, Zip	Relationship	SSN/TIN	Date of Birth
Name	Address, City, State, Zip	Relationship	SSN/TIN	Date of Birth
Name	Address, City, State, Zip	Relationship	SSN/TIN	Date of Birth

AUTHORIZATION AND SIGNATURE

The Credit Union conducts a credit inquiry upon receipt of this membership application.

Each applicant, authorized user or other party signing this Card, (together herein referred to as "applicant(s)") hereby makes application for the account(s)/services and/or membership as indicated and agrees to conform to the Bylaws, as may be amended, of GEMC Federal Credit Union ("Credit Union"). Applicants certify the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. Applicants also acknowledge receipt and agree to be bound by any terms and conditions in this card, and in the Membership Account Agreement, Funds Availability Policy, Electronic Funds Transfer Agreement, Truth-in-Savings Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference.

Truth-in-Savings Disclosure and Rate & Fee Schedule Electronic Funds Transfer Disclosure Funds Availability Disclosure ATM Safety Precautions

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, under penalties of perjury, I certify that: (1) I certify (1) that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from back-up withholding under federal laws or a specific FATCA Exempt Payee Code (_____ enter code here from W-9 Instructions), 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).

Member Signature X _____ Date: _____	Certification Instructions: You must 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 above and complete a W-8 BEN if you are NOT a U.S. person. <i>The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</i>
Joint Owner 1 Signature X _____ Date: _____ Joint Owner 2 Signature X _____ Date: _____	

FOR OFFICIAL USE ONLY	Date Opened:	Opened By:	<input type="checkbox"/> System Maintenance	Credit Report <input type="checkbox"/> YES <input type="checkbox"/> NO
	BSA Rating:	<input type="checkbox"/> Member ID Verified:	<input type="checkbox"/> Joint ID 1 Verified:	<input type="checkbox"/> Joint ID 2 verified:

PLEASE CONTINUE FOR CHECKING ACCOUNTS AND ADDITIONAL SERVICES

ADDITIONAL SAVINGS & CHECKING ACCOUNTS & DEBIT CARD

Checking Account Deposit

Payment will be made by: Enclosed Check Money Order Transfer from my Savings Account # _____ Amount \$ _____

Additional Account Deposit

Payment will be made by: Enclosed Check Money Order Transfer from my Savings Account # _____ Amount \$ _____

How would you like your checks imprinted? Your account will be debited for your check order.

Name		Second Name	
Address		City	State
		Home Phone (Optional)	Starting Number (use 101 or higher)
FOR OFFICIAL USE ONLY	Teller	Share Account #	ID#
	Date Opened	Card Ordered	Card Number

GEMC FCU SERVICES (POWERLINE, WEB ACCOUNT, BILL PAY, ATM)

YOUR SELF-ASSIGNED PERSONAL IDENTIFICATION NUMBER (PIN) FOR POWERLINE:

<p style="text-align: center; font-size: small;">FOR POWERLINE TELLER ONLY</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	<p>Fill in your PIN and commit it to memory. The Credit Union WILL NOT have access to this number, so please use a number that you will easily remember. Keep this number in a safe place and don't give it to anyone. Once setup, this PIN section is marked out to protect your information.</p>
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Please see current log-in instructions for Web Account Access and Bill Pay User ID and Password.

For ATM Cards and VISA Debit Cards, you will receive a PIN (Personal Identification Number) in a separate mailing from your ATM Card/VISA Debit Card.

FOR OFFICIAL USE ONLY	Teller	Share Account #	ID#
	Date Opened	Card Ordered	Card Number

CONSENTS AND AGREEMENTS

Each applicant consents that the Credit Union may undertake to verify their eligibility for any account(s) and service(s) now and in the future. In addition, all applicants authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. Applicants specifically consent that the Credit Union may report information concerning their account(s) services to others; and that we may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/user to the other applicants.

All present and future deposits to the account(s) designated on this card secure payment of any account owner's obligations to the Credit Union.

ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED ON REVERSE SIDE): The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.

POWERCHEK SERVICE (EMC Cooperative Employees Only)

You may request funds in the form of a POWERCHEK from your share savings account.

When the POWERCHEK is presented to the Credit Union for payment and sufficient funds are available in your share savings account to pay the POWERCHEK, funds will be transferred to pay the check from your share savings account. Funds that are unable to be paid in full from the share savings account will be treated as a POWERCHEK line of credit loan advance. You promise to repay all loan advances. You will pay a finance charge on the unpaid balance if you do not repay the loan from the date of the POWERCHEK advance. The daily periodic rate will be 0.021918%, with a corresponding **Annual Percentage Rate** of 8.00%. Payments are due on the posted date of the POWERCHEK. All payments will first be applied to finance charges owing and then to the unpaid balance. The finance charge begins to accrue on the date an advance is posted to your account. The finance charge is computed at the time a payment or advance is made. For each day since your last payment or advance the unpaid balance in your account is multiplied by the applicable daily periodic rate. The sum of these charges is the finance charge. The unpaid balance on an account each day is the balance after payments and credits have been subtracted and advances and other charges added.

As security for any advances to you or on your behalf, you pledge to the Credit Union all present and future shares you have in any account in the Credit Union in which you have an interest. You authorize the Credit Union to take that money and apply it to what you owe if you are in default. You are not giving a security interest in any account that would have adverse tax consequences if pledged as collateral. You also understand and agree that property pledged as collateral for other loans with the Credit Union, now and in the future, also secures POWERCHEK advances. This cross-collateral security interest shall not extend to any amount you owe that is secured by your principal residence or any purchase money security interest for household goods. You will be in default if you fail to make any payment on time, if you break any promise you have made to the Credit Union, if you give false or inaccurate information obtaining a POWERCHEK advance, or if anything happens which the Credit Union reasonably believes endangers your ability to repay what you owe, or if you die. If you are in default, the Credit Union may call any amounts you owe due and payable plus finance charges which shall continue to accrue until the entire amount is paid. You individually and jointly waive presentment, demand, protest or notice and any notice that the Credit Union is demanding payment in full. You agree to pay all reasonable costs of collection including court costs not to exceed 15% of the unpaid principal and interest due as attorney's fees if collected by or through an attorney at law as well as any late charges which might be imposed. The Credit Union may delay enforcing any of its rights without waiving them. If after demanding payment in full, we accept any payment this won't be considered a waiver of forgiveness of any default.

Applicant/Owner Signature **X** _____ Date _____