



Account # _____

Eaton Family
CREDIT UNION, INC.

333 Babbitt Road, Suite 100 • Euclid, OH 44123
(216) 920-2000 • (800) 845-5446 • FAX (216) 797-0037
www.eatonfamilycu.com

Membership Application

New Account (Primary Member) Changes/Additions to Current Account Other _____
ACCOUNT NUMBER: _____ (To be completed by the Credit Union)

MEMBER INFORMATION Account Type: Individual Joint Custodian Other _____

You would like to apply for the following account(s): (refer to Member Services Agreements for account disclosures)
 With the exception of IRA accounts, all accounts selected will be jointly owned if this card lists any "Joint Owner(s)".

Share/Savings Account IRA (may not be jointly held) Holiday Club Account
 Checking/Share Draft Account Minor Account Other _____
 Money Market Account Share Certificate Account

PRIMARY OWNER

Last Name		First Name			M.I.
Home Address		City	State	Zip Code	
Mailing Address (if Different)		City	State	Zip Code	
Date of Birth	Social Security Number or TIN	Drivers License/Passport Number	State	Other ID (List type)	
Home Telephone	Cell Phone	Email Address			
Employer's Name		Occupation			
Employer's Address		Business Phone	Mother's Maiden Name (For Security/ID Purposes)		
Title of Account if Different from Above (Example: Doe Family Living Trust):					

OTHER OWNER with right of survivorship Joint Beneficiary Trustee Other _____

Last Name		First Name			M.I.
Home Address		City	State	Zip Code	
Date of Birth	Social Security Number	Drivers License/Passport Number	State	Other ID (List type)	
Home Telephone	Cell Phone	Email Address			
Employer's Name		Occupation			
Employer's Address		Business Phone	Mother's Maiden Name (For Security/ID Purposes)		

OTHER OWNER with right of survivorship Joint Beneficiary Trustee Other _____

Last Name		First Name			M.I.
Home Address		City	State	Zip Code	
Date of Birth	Social Security Number	Drivers License/Passport Number	State	Other ID (List type)	
Home Telephone	Cell Phone	Email Address			
Employer's Name		Occupation			
Employer's Address		Business Phone	Mother's Maiden Name (For Security/ID Purposes)		

OTHER OWNER with right of survivorship Joint Beneficiary Trustee Other _____

Last Name		First Name			M.I.
Home Address		City	State	Zip Code	
Date of Birth	Social Security Number	Drivers License/Passport Number	State	Other ID (List type)	
Home Telephone	Cell Phone	Email Address			
Employer's Name		Occupation			
Employer's Address		Business Phone	Mother's Maiden Name (For Security/ID Purposes)		

MEMBER QUALIFICATION Please specify your field of membership:

Select Employee Group (SEG) Company Name _____ Your Location _____
 Live, work, worship or study in Euclid, Lake County or Cuyahoga County, Ohio:

Live Work-Company Name _____
 Worship-Place of Worship _____ Study-School _____

Relative of EFCU Member-Account Number: _____ How are you related to this person _____
 Other membership qualification _____

IMPORTANT IRS INFORMATION

Under penalties of perjury, you certify that:
 1. The number shown on this form is your correct taxpayer identification number (TIN) (or you are waiting for a number to be issued to you), and
 2. You are not subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service that you are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding, and
 Please consult IRS publication 1679 for additional information about backup withholding and a copy of IRS form W-9.
 3. You are a U.S. person (including a U.S. resident alien).
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 of underreporting interest or dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

This Beneficiary's Designation Only applies to the Account(s) listed on the reverse side. I understand that I can withdraw the money in these accounts during my lifetime. I understand that these accounts will belong to the named beneficiary(ies), and will not be inherited by my heirs, or controlled by will. The provisions set forth in the Membership Agreement with the Credit Union will govern payment.

CONSENT TO ELECTRONIC DISCLOSURES: If I use, apply or access any electronic services of the Credit Union, I agree to receive disclosures electronically, and have the ability to do so, as described in "TERMS AND CONSENT APPLICABLE TO ELECTRONIC SIGNATURES" of the Membership Agreement.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding herein. I understand and agree that the Patriot Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

ACCOUNT OWNERSHIP (APPLICABLE IF "OTHER ACCOUNT OWNER" DESIGNATION NOTED ABOVE): 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 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 endorse any legal or contractual rights as to any owner's obligations.

SIGNATURES

By signing below, I hereby make application for membership in the Eaton Family Credit Union and agree to subscribe for at least one share. In considering this application and/or request for financial services, I authorize the Credit Union to check my credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with me. I/we agree to conform to the Credit Union's rules, regulations, by-laws and policies, now in effect and as amended or adopted hereafter. I/we acknowledge receipt of the Credit Union's account agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. My signature also constitutes a request for any identifying number and/or access device issued by the Credit Union in conjunction with such accounts. 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 who opens an account. What this means for you: When you open an account, we will ask 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 and other identifying information. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Primary Owner's Signature	Date
Other Owner Signature	Date
Other Owner Signature	Date
Other Owner Signature	Date

CREDIT UNION USE ONLY

Account Opened By	Approved By	Date of Membership
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Credit Report ATM/Debit Card Telecheck/Check Systems Business OFAC Completed

PIN Request (Check One): Home Banking Audio Response Other-List _____

Member/Owner/User Identification Verified via:

- Driver's License Other _____ (Such as Soc. Security Card, Military ID, Govt. Benefits Card or Other Proper ID).
- Driver's License Other _____ (Such as Soc. Security Card, Military ID, Govt. Benefits Card or Other Proper ID).
- Driver's License Other _____ (Such as Soc. Security Card, Military ID, Govt. Benefits Card or Other Proper ID).
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Membership Eligibility Verification _____



Your deposits are privately insured through Excess Share Insurance Corp. up to an additional \$250,000. IRAs are separately insured by ESI for up to an additional \$250,000.

