

# Membership Application

Please complete all pertinent information as incomplete applications will delay the availability of services.

This membership application for the The Ohio Educational Credit Union (OECU) is a PDF document with interactive form fields allowing you to complete the form on your computer before visiting any of our offices.

This form resides on your computer while you are entering your information. No data entered by you while completing this application is passed through the Internet.

For your own privacy protection we ask that you **DO NOT send this application to OECU via email**. After you've complete the form, print and mail it to us (along with a copy of your driver's license, state ID or passport) or bring it and your identification to an OECU office near you to speak directly with one of our Member Service Representative. Thank you for considering membership in The Ohio Educational Credit Union. We look forward to helping you in building your financial future.

## Membership Eligibility (please check your selection)

Membership in OECU is made available to:

- Employees, retirees of public and private educational systems within Ohio
- Students, alumni of public and private educational systems within Ohio
- Individuals providing or engaged in an educational service or activity
- Families of current members
- 400+ other businesses/organizations (contact any OECU office to verify eligibility)

Member Number

## Services (please check your selection)

### Please open the following accounts under my membership number:

- Checking
- Quick-Cash Overdraft Protection Loan
- STAR ATM or VISA® Check Card (circle one)
- "Toni" (Audio Response)
- Internet Banking
- Money Market
- Special Purpose Account
- Holiday Account
- Vacation Club Account
- Summer Reserve Pay

### Please send additional information on:

- Direct/Deposit or Payroll Deductions
- Term Share Certificates
- IRA Plans
- Auto Loans/Leases
- Student Loans
- First Mortgages
- Home Equity Loans
- Personal Loans
- 2nd Mortgages
- VISA® Cards

## Preferred Contact Method (please check your selection)

- Email
- Home Phone
- Business Phone
- Cell Phone
- No Preference
- DO NOT Contact

**Primary Owner Applicant:**  Mr.  Mrs.  Ms.

Married  Yes  No

Social Security Number \_\_\_\_\_

Full Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
(first, middle initial & last)

Present Address \_\_\_\_\_  Rent  Own \_\_\_\_\_ Years at Present Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Driver's License / State ID Number \_\_\_\_\_ State Issuing License / ID \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
(circle one) (surname only)

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years at Previous Address \_\_\_\_\_  
(if current is under 2 years)

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years at Current Employer \_\_\_\_\_ Position \_\_\_\_\_ Date Retired (from) \_\_\_\_\_

When membership eligibility is not based on employment at a qualified employer, the application information in the shaded box below must be completed to validate eligibility.

School, College or University Name \_\_\_\_\_ Location (city) \_\_\_\_\_ Most recent year attended or year of graduation \_\_\_\_\_  
(please complete if basis for membership eligibility)

**OR**

Name of Relative Member \_\_\_\_\_ Member Number \_\_\_\_\_  
(please complete if basis for membership eligibility—a relative is defined as spouse, natural or adopted child or stepchild, parent, grandparent, grandchild, brother or sister)

Relative Member Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Joint Owner Applicant (if applicable):**  Mr.  Mrs.  Ms.

Married  Yes  No

Social Security Number \_\_\_\_\_

Full Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
(first, middle initial & last)

Present Address \_\_\_\_\_  Rent  Own \_\_\_\_\_ Years at Present Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Driver's License / State ID Number \_\_\_\_\_ State Issuing License / ID \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
(circle one) (surname only)

Relationship to Primary (if any) \_\_\_\_\_ Employer \_\_\_\_\_

Membership Application (Continued) Please complete all pertinent information as incomplete applications will delay the availability of services.

Beneficiary Designation: The Beneficiary designation specified on this document will apply to all accounts opened for the member number assigned to this application, with the exception of Individual Retirement Accounts which require a separate Beneficiary Designation Form. For "Payable on Death" Account owners, on my death, the proceeds of this share account shall be payable to the named beneficiary or such other beneficiary as I may hereafter designate. Beneficiary Name, Beneficiary S.S. #, Relationship, Address, City, State, Zip.

Disclosures: By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under the penalties of perjury, that the Social Security Number/Taxpayer ID number shown on this form is my/the correct identification number and that I am NOT, unless designated, subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. person (including a U.S. resident alien). I am subject to backup withholding, I am exempt from backup withholding, I am not a United States citizen or resident (complete W-8BEN form).

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding. I DO NOT want to receive any marketing material from The Ohio Educational Credit Union. I understand that I will receive statements and regulatory notices from OECU as required by law. If this box is NOT checked, I understand that I WILL receive marketing material from OECU in the preferred manner indicated on the previous page.

By signing below, you hereby make application for membership in and agree to conform to the Bylaws, as amended, of The Ohio Educational Credit Union, Inc. (OECU). You certify that: you are within the field of membership of OECU; the information provided on this application is true and correct and; your signature on this application applies to all accounts under your name at OECU. You acknowledge receipt of a copy of the agreement and disclosure applicable to the accounts and services requested herein. If you are applying through the mail, you understand that you will incur no penalties or adverse action from OECU if the membership is immediately closed. 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. For you this means 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. Your signature grants OECU permission to obtain a credit bureau and/or E-funds (eFundsSM) report at OECU's discretion, and to use the information provided in this application to confirm your eligibility for membership and services provided by OECU. All accounts opened under this membership are subject to underwriting guidelines.

Your deposits are insured to \$250,000 per account by American Share Insurance. This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money.

All accounts will be Joint with Survivorship unless otherwise identified

- Custodian for Minor as custodian for (name of minor) under the Ohio Transfers to Minors Act. Guardian Account as guardian for. Trust Account, or his/her successor, Trustee of under agreement of trust dated.

Applicant Signature Date

Co-Applicant/Custodian Signature Date

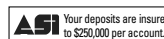
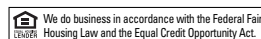
Membership applications require proof of signature and photo I.D. The application must be signed in the presence of a Notary Public.

IN WITNESS WHEREOF, the individual has executed the application for membership. STATE OF, County of, ss: On this day of, 20, before me, a Notary Public in and for said County and State, personally appeared, the individual(s) who executed the foregoing instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal. My Commission expires Notary Public

(stamp notary seal here)

OECU Membership Service Center (877) 322-6328



THIS INSTITUTION IS NOT FEDERALLY INSURED. MEMBERS' ACCOUNTS ARE NOT INSURED OR GUARANTEED BY ANY GOVERNMENT OR GOVERNMENT-SPONSORED AGENCY.

Credit Union Use Only:

Date Received, Group ID #, Member #, Date Opened, School ID #, Chex Systems Response, OECU Representative Name, OECU Representative #, ID Verify Response, OECU Representative Signature