



MEMBERSHIP & SIGNATURE CARD

Account Number:

(PLEASE PRINT)

Help us get to know you

MEMBER NAME		STREET ADDRESS		CITY / STATE / ZIP	
DATE OF BIRTH	HOME PHONE	WORK PHONE	HOW LONG HAVE YOU LIVED AT THIS ADDRESS?		DO YOU OWN OR RENT <input type="checkbox"/> OWN <input type="checkbox"/> RENT
SSN/TIN	DRIVERS LICENSE NUMBER	STATE	E-MAIL ADDRESS		MOTHERS MAIDEN NAME
PERMANENT ADDRESS (IF DIFFERENT THAN ABOVE)		PERMANENT CITY / STATE / ZIP			PERMANENT HOUSEHOLD PHONE
EMPLOYER	POSITION	EMPLOYER ADDRESS		EMPLOYER CITY / STATE / ZIP	

How did you become eligible for Sangamon Schools Credit Union Membership?

- I am employed by _____ school.
- I am a student of _____.
- I am an IEA member.
- I am a family member of an existing Sangamon Schools Credit Union member.

CU Verified:

Family Member Verification

FAMILY MEMBER NAME	RELATIONSHIP
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Additional Contact Information

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	NEAREST RELATIVE ADDRESS	RELATIVE CITY / STATE / ZIP
RELATIVE PHONE NUMBER	RELATIONSHIP	

How can we serve you?

DEPOSIT ACCOUNTS	CERTIFICATE OF DEPOSIT	LOAN ACCOUNTS	NO-COST SERVICES
<input type="checkbox"/> Share / Savings <input type="checkbox"/> Sub-Share <input type="checkbox"/> Share Draft/Checking <input type="checkbox"/> Money Market <input type="checkbox"/> Share Certificate <input type="checkbox"/> Holiday Club	Term: Certificate Amount: <input type="checkbox"/> 3 mos. _____ <input type="checkbox"/> 6 mos. _____ <input type="checkbox"/> 9 mos. _____ <input type="checkbox"/> 12 mos. _____ <input type="checkbox"/> 18 mos. _____ <input type="checkbox"/> 24 mos. _____ <input type="checkbox"/> 36 mos. _____ <input type="checkbox"/> 48 mos. _____ <input type="checkbox"/> 60 mos. _____	<input type="checkbox"/> Line of Credit <input type="checkbox"/> Vehicle Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Visa Credit Card * Additional Information needed	<input type="checkbox"/> ATM/ VISA Check card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Direct Deposit <input type="checkbox"/> e-Statements <input type="checkbox"/> It's Me 24/7! Home banking <input type="checkbox"/> CU*Talk

Overdraft Protection for Checking Accounts

I, _____, wish to be enrolled in the Overdraft Protection Program of Sangamon Schools Credit Union. I understand that in the event that my checking account should be overdrawn, a transfer of funds, if available, will be transferred from the designated account(s) below, and that a \$2.00 fee per transfer will be incurred.

Please indicated which account(s) and in which order you would prefer Overdraft Protection be applied:
 _____ Shares _____ Sub-Shares _____ Money Market _____ Line of Credit

--OR--

I, _____, do not wish to be enrolled in the Overdraft Protection Program of Sangamon Schools Credit Union. I understand by opting out of the program that all checks that will cause my account to be overdrawn will be returned. I further understand that a \$25.00 fee, per check, will be charged to my account by Sangamon Schools Credit Union and any fees charged unto me by vendors, etc. will be my responsibility.

Who will be on your account?

<input type="checkbox"/> Individual	Which account numbers?	<input type="checkbox"/> Joint	Which account numbers?
<input type="checkbox"/> Beneficiary #1	<input type="checkbox"/> All Accounts <input type="checkbox"/> Designated Accounts _____	<input type="checkbox"/> Joint #1	<input type="checkbox"/> All Accounts <input type="checkbox"/> Designated Accounts _____
<input type="checkbox"/> Beneficiary #2	<input type="checkbox"/> All Accounts <input type="checkbox"/> Designated Accounts _____	<input type="checkbox"/> Joint #2	<input type="checkbox"/> All Accounts <input type="checkbox"/> Designated Accounts _____

BENEFICIARIES COMPLETE ONLY IF PAYABLE ON DEATH

BENEFICIARY #1	ADDRESS (IF DIFFERENT FROM MEMBER ADDRESS)	CITY/STATE/ZIP	
SSN	DATE OF BIRTH	HOME PHONE	WORK PHONE
BENEFICIARY #2	ADDRESS (IF DIFFERENT FROM MEMBER ADDRESS)	CITY/STATE/ZIP	
SSN	DATE OF BIRTH	HOME PHONE	WORK PHONE

JOINT OWNER INFORMATION

JOINT OWNER#1	ADDRESS (IF DIFFERENT FROM MEMBER ADDRESS)	CITY/STATE/ZIP	
SSN	DATE OF BIRTH	HOME PHONE	WORK PHONE
JOINT OWNER#2	ADDRESS (IF DIFFERENT FROM MEMBER ADDRESS)	CITY/STATE/ZIP	
SSN	DATE OF BIRTH	HOME PHONE	WORK PHONE

**Please read the following items and initial in the box on the right side of each section indicating your agreement.
By initialing, you certify that you understand the following statements.**

Voting Proxy

The undersigned does hereby constitute and appoint the members of the Board of Directors of Sangamon Schools Credit Union, Springfield Illinois (who are qualified and acting directors at the time this proxy is used) as proxies to vote for the election of directors, all the shares of Sangamon Schools Credit Union now or hereafter owned or held by the undersigned, as said directors of a majority of them see fit at all annual or special meetings of the members of said Credit Union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member.

The undersigned further authorizes the said proxies to designate a person or committee to cast the vote(s) of the undersigned in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

Backup Withholding

Certification: Under penalties of perjury, I certify (1) that the number listed above is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Instructions: If you have been notified by the Internal Revenue that you are the subject to backup withholding due to failure to report all interest and dividends and you have not been advised by the Internal Revenue Service that backup withholding has terminated, you must strike out the language in number "2". Shares are not transferable except as authorized by the Credit Union.

Privacy Policy

The Credit Union collects nonpublic information about members from applications or other forms; from transactions with the credit union, our affiliates, or others; and information received from consumer reporting agencies. We may disclose all of the information we collect as described above to companies that perform marketing services on behalf or to other financial institutions with whom we have joint marketing agreements. We do not disclose any nonpublic personal information about our members and former members to anyone, except as permitted by law. We Restrict access to nonpublic information about members to those employees who need to know information to provide products and services. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard member nonpublic personal information.

Your Authorization

By signing this agreement, I/we agree to the terms and conditions of the Membership Account Agreement, Truth-in-Savings, Fee and Charges Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

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 to you: 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. For applicants over the age of fifteen, a credit bureau report and ChexSystems report may be requested.

This document authorizes the credit union to open future subaccounts in the names of the owners. Checks will be printed using the names of all joint owners, and the address and home phone number of the member as they appear above. Accounts opened remotely will rely on the signatures set forth on this card as the physical signature of the owners/users of this/these accounts as applicable.

Please Sign Here

MEMBER SIGNATURE	DATE
JOINT OWNER #1	DATE
JOINT OWNER #2	DATE