

# MEMBERSHIP APPLICATION

**A MINIMUM \$25.00 DEPOSIT, A COPY OF YOUR SOCIAL SECURITY CARD, AND A COPY OF A PHOTO ID (DRIVERS LICENSE PREFERRED) MUST ACCOMPANY THIS COMPLETED APPLICATION.**

## ACCOUNT TYPE

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Share/Savings                 | <input type="checkbox"/> Money Market |
| <input type="checkbox"/> Share Draft/Checking          | <input type="checkbox"/> Trust        |
| <input type="checkbox"/> Share Certificate/Certificate | <input type="checkbox"/> Other        |

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN/Taxpayer identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

- |   |   |
|---|---|
| <input type="checkbox"/> I am subject to backup withholding | <input type="checkbox"/> I am not a United States citizen or resident |
| <input type="checkbox"/> Exempt                             | (Complete W-8 or W-8 Ben form)  |

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

Account No. \_\_\_\_\_

Member/Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone ( _____ ) _____	Mother's Maiden Name _____
Home E-mail _____	Employment _____
Work Phone ( _____ ) _____	Eligibility for Membership _____
Work E-mail _____	

## AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment 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 services 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 certifications required to avoid backup withholding.**

X _____	X _____
SIGNATURE	SIGNATURE
DATE	DATE

X _____	X _____
SIGNATURE	SIGNATURE
DATE	DATE

## ACCOUNT SERVICES

- |  |   |
|--|---|
| <input type="checkbox"/> Payroll Deduction/Direct Deposit                        | <input type="checkbox"/> ATM Card _____   |
| <input type="checkbox"/> Overdraft Protection (indicate transfer priority below) | <input type="checkbox"/> Debit Card _____ |
| _____  | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> PC Access/Internet Banking _____                        |   |



# Willis Credit Union

## IMPORTANT NOTICE

TO OPEN AN ACCOUNT WITH WILLIS CREDIT UNION YOU MUST COMPLETE THIS FORM

### **What You Need to Know About Overdrafts and Overdraft Fees**

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account (which may be less expensive than our standard overdraft practices) or a line of credit. To learn more, ask us about these plans.

THE FOLLOWING EXPLAINS OUR STANDARD OVERDRAFT PRACTICES.

#### ❖ **What are the standard overdraft practices that come with my account?**

We do authorize and pay overdrafts for the following types of transactions:

1. Checks and other transactions made using your share draft (checking) account number.
2. Automatic bill payments.

We will not authorize and pay overdrafts for the following types of transactions unless you ask us to (see form to complete at bottom of page):

1. ATM transactions
2. Everyday debit card transactions

**We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.**

**If we do not authorize and pay an overdraft, your transaction will be declined.**

#### ❖ **What fees will I be charged if Willis Credit Union pays my overdraft?**

Under our standard overdraft practices:

1. We will charge you a fee of \$35 each time we pay an overdraft.
2. Also, if your account is overdrawn for 5 or more consecutive days, we will charge an additional \$5 per day.
3. There is no limit on the total fees we can charge you for overdrawing your account.

### **WHAT IF I WANT THE CREDIT UNION TO AUTHORIZE AND PAY OVERDRAFTS ON MY ATM AND EVERYDAY DEBIT CARD TRANSACTIONS?**

Please complete the form below telling us if you do or do not want us to authorize and pay overdrafts on ATM and everyday debit card transactions. We must receive this form when you open your account.

#### **Mail to:**

WILLIS CREDIT UNION  
26 CENTURY BOULEVARD, SUITE 3  
NASHVILLE, TN 37214-3695

#### **OPT-IN FORM**

\_\_\_\_\_ I **do not** want Willis Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

\_\_\_\_\_ I **do** want Willis Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Printed Name \_\_\_\_\_

Date: \_\_\_\_\_ Account Number \_\_\_\_\_ (CREDIT UNION WILL PROVIDE)

Signature \_\_\_\_\_