



MEMBERSHIP APPLICATION & AGREEMENT

PLEASE PRINT CLEARLY WHEN COMPLETING THIS FORM

If you have questions about completing this form, please call us at 517-393-7710 or toll free at 888-393-7716. You can e-mail questions via our website www.casecu.org.

Account Number: (OFFICE USE ONLY)	Suffix(es)
<input type="checkbox"/> RF Verified (1st Review) _____ RF Present YES NO <input type="checkbox"/> RF Verified (2nd Review) _____	

Eligibility: You must be eligible for membership to open an account. Please select your eligibility below

Reside, work, or worship within the lower peninsula of the State of Michigan

Employee, pensioner, student, or alumni of any educational institution within the lower peninsula of the State of Michigan

Member of the Michigan Education Association

Donor to CASE Cares - I acknowledge I am donating to a non-profit organization

Employee or member of employer group or other organized group (written request provided to CASE Credit Union)

Person receiving a retirement annuity, pension, social security, or similar retirement payment from private or government sources, and lives in or belongs to a retirement organization located in or contiguous to Ingham County

CASE Credit Union employee or immediate family member

A spouse of a deceased member if accepted into membership prior to remarriage

New Membership Name Change
 New Share/Suffix Add/Remove Joint Owner
 New Checking (see below) Add/Remove Beneficiary
 Free eChecking* Everyday Checking Plus Checking

*By selecting Free eChecking, I understand that I must sign up to receive eStatements and eNotices within 90 days of opening my account. I also understand that if I fail to sign up for eStatements and eNotices, my account will be changed to the Everyday Checking type.

MEMBER Name (First, Middle Initial, Last) (PLEASE PRINT) _____

Social Security Number or Tax I.D. _____ Date of Birth _____ Mother's Maiden Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Driver's License Number or Other Government ID/State/Expiration Date _____

Cell Phone _____ Employed By _____

Member E-Mail Address _____ Occupation _____

JOINT MEMBER (1) (Name) (PLEASE PRINT) _____ SSN or Tax I.D. _____ Date of Birth _____

Address - City - State - Zip Code _____ Phone _____ DL Number or Other Government ID/State/Exp Date _____

JOINT MEMBER (2) (Name) (PLEASE PRINT) _____ SSN or Tax I.D. _____ Date of Birth _____

Address - City - State - Zip Code _____ Phone _____ DL Number or Other Government ID/State/Exp Date _____

Beneficiary Designation, Information and Provisions

Upon the death of the owner, or the last surviving owner if there is more than one, the funds covered by this agreement shall become the property of the beneficiary(ies) listed below who are alive at the time. In addition, each such beneficiary shall have the power to withdraw only

his or her equal share of the remaining account balance together with any accumulations on such amount. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement.

Beneficiary Name (PLEASE PRINT) _____

Address _____

Social Security Number or Tax I.D. _____

City _____ State _____ Zip Code _____

Beneficiary Name (PLEASE PRINT) _____

Address _____

Social Security Number or Tax I.D. _____

City _____ State _____ Zip Code _____

Signatures

By signing below, I/We agree to the terms and conditions as disclosed in the Membership Account Agreement and to any amendments the credit union makes from time to time which are incorporated herein. The undersigned certifies the information provided on this application is true and correct and acknowledges receipt of a copy of the Membership Account Agreement. I certify that (1) the number shown is my correct Social Security or Tax Payer ID 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 report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. I/We understand that the Internal Revenue Service does not require my/our consent to any provisions of this document other than the certification required to avoid backup withholding* and (3) I am a U.S. person (including a U.S. resident alien, and (4) I meet the CASE Credit Union eligibility requirements.

Member X _____

Date _____

*STRIKE OUT THE LANGUAGE IN (2) ABOVE IF THE IRS HAS NOTIFIED YOU THAT YOU ARE SUBJECT TO BACKUP WITHHOLDING AND HAS NOT TERMINATED THAT NOTIFICATION.

Joint Member (1) X _____

Date _____

Joint Member (2) X _____

Date _____

Important information about procedures for opening an account: 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 you 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.