


Acct. No.	Member Name	Date Open
 MEMBERSHIP APPLICATION AND ACCOUNT INFORMATION		
Services Requested: <input type="checkbox"/> Checking <input type="checkbox"/> Share/Savings <input type="checkbox"/> Certificate <input type="checkbox"/> ATM Card <input type="checkbox"/> Christmas Club		
I hereby make application for membership in and agree to conform to the By-Laws or any amendments thereof in the MAGNOLIA FEDERAL CREDIT UNION.		
By signing below the undersigned agree to the applicable account terms and conditions, as amended from time to time. The undersigned certify that the information provided on this agreement is true and correct and the terms on this agreement apply to all listed accounts. The undersigned acknowledge receipt of a copy of the terms and conditions applicable to each listed account and the following policy disclosures, please place your initials in the spaces provided: _____ Funds Availability _____ Electronic Fund Transfer _____ Truth in Savings _____ ATM		
OWNERSHIP OF ACCOUNT: The ownership specified on this agreement will remain the same for all accounts listed below. <input type="checkbox"/> Individual <input type="checkbox"/> Joint		
The Magnolia Federal Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid on shares by any or all of said joint owners to their credit as such joint owners with all survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners shall also agree to the terms and conditions of the account as established by the credit union from time to time. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union. The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions therefore made.		
Email Address	Date	Code Word
APPLICANT	NAME - First	Middle Last
JOINT APPLICANT (A) <small>(See above for terms)</small>	NAME - First	Middle Last
JOINT APPLICANT (B) <small>(See above for terms)</small>	NAME - First	Middle Last
Street Address	City	State Zip Code
APPLICANT	Employer	Position
Work Phone	Home Phone	Driver's License # Hire Date Total Monthly Income
JOINT APPLICANT (A) <small>(See above for terms)</small>	Employer	Position
Work Phone	Home Phone	Driver's License # Hire Date Total Monthly Income
JOINT APPLICANT (B) <small>(See above for terms)</small>	Employer	Position
Home Phone	Work Phone	Driver's License # Hire Date Total Monthly Income
Primary Signature	Soc. Sec. No. or Tax I.D. No.	Date of Birth
Joint Signature	Soc. Sec. No. or Tax I.D. No.	Date of Birth
Joint Signature	Soc. Sec. No. or Tax I.D. No.	Date of Birth
Under penalties of perjury, I certify (1) that I am a U.S. citizen or a U.S. resident alien, (2) that the number shown above is my correct taxpayer identification number, and (3) that I am not subject to back-up withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to back-up withholding. <small>(Strike out the language in (3) if the Internal Revenue Service has notified you that you are subject to back-up withholding and has not terminated that notification.)</small>		
SHARES BENEFICIARY (MEMBER): 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 that time. In addition, each such beneficiary shall have the right 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 the right under any circumstances to change the terms and conditions of this agreement.		
Name of Beneficiary		
Street Address	City	State Zip Code
Member Signature	Date	
Members Eligibility		

\$25.00 minimum deposit in Share Savings Account or completed & signed direct deposit form required for membership and must accompany this application.

Important Information About Procedures for Opening a New 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 for your name, address, date of birth, and other information that will allow us to identify you.

A photocopy of your driver's license or other unexpired government issued photo identification (State picture ID, Military picture ID or Passport) and your Social Security card (preferably enlarged 129%) must accompany this application.

continued 

Return your completed application, photocopied identification, opening deposit and/or direct deposit form to:



240 Briarwood Drive
Jackson, MS 39206
601.977.8300 / 1.800.997.7919
www.magfedcu.org

Checking Account Application

Minimum deposit to open a checking account is the cost of your first check order and must accompany this application.

Buy your first box of 150 duplicate checks at our special introductory price of just \$8.59 including tax & shipping!

Checks will be imprinted with name, address & home phone number as they appear on the front side of this application unless you indicate otherwise.

Electronic Access Application

Must sign this section to indicate preference for TOTAL ACCE\$\$ Electronic Services and/or ATM card.

Credit Check Authorization

Must sign this section for the convenience of applying for a loan by phone or Home Banking anytime in the future.

I/We hereby authorize Magnolia Federal Credit Union to establish this checking account for me/us. The Credit Union is authorized to pay checks signed by me (or by any of us) and to charge all such payments against the shares in this Account. It is further agreed that:

- Only Share Draft (and other methods) approved by the Credit Union may be used to make withdrawals from this account.
- All non-cash payments received in this Account will be credited subject to final approval.
- The Credit Union is under no obligation to pay a check that exceeds the fully paid and collected share balance in this Account. However, the Credit Union may, at its discretion, pay such a check. If the Credit Union does pay such a check, it is agreed that the Credit Union shall be immediately reimbursed, by one or more of the undersigned, to the extent that such a draft exceeds the share balance in this Account. Such reimbursement shall be in cash, unless another manner of reimbursement has been authorized.
- The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the check account.
- When paid, the check becomes the property of the Credit Union and will not be returned either with the periodic statement of this Account unless otherwise noted. Copies of such check will be provided, if requested, and the Credit Union may charge a fee for providing such copies.
- Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check account.
- This account is subject to the Credit Union's right to require advance notice of withdrawal, as well as other terms, conditions, and service charges as the Credit Union may establish from time to time as provided in the Credit Union By-Laws. The Credit Union may change the terms and conditions of this Account, upon giving a 15-day written notice. Notice may be given by the U.S. mail, first class, postage, prepaid, to my/our last known address, as reflected in the Credit Union's records.
- If this Agreement is signed by more than one person, the persons signing shall be the joint owners of this Account, which, in that event, shall be subject to the additional terms and conditions printed on the reverse side hereof.

~ OVERDRAFT PROTECTION OPTIONS ~

- I/We hereby authorize the Credit Union to reimburse itself for any check drawn of this Account which the Credit Union pays, to the extent which such check exceeds the share balance in this Account.
- By Share Transfer: An overdraft transfer will be made from shares with a minimum of \$25.00 and in \$25.00 increments.
- Transaction Limitations: During any statement period, you **may not** make more than six (6) withdrawals or transfers from Share Savings to another credit union account of yours or to a third party by means of a preauthorized or automatic transfer or telephonic order or instruction. No more than three of the six transfers may be made by check, draft, debit card (if applicable), or similar order to a third party. If you exceed the transfer limitations set forth above in any statement period, your account will be subject to closure by the credit union.

CHECK THIS BOX By doing so you agree to the terms and conditions in the overdraft agreement.

BY: _____ Share Account Transfer ACCOUNT # _____
 BY: _____ Overdraft Loan ACCOUNT # _____
Priority

APPLICANT SIGNATURE	Date
JOINT APPLICANT SIGNATURE	Date

I/We request a personal access code (PAC) so that I (we) can make electronic funds transfers to or from my (our) Credit Union Account(s). Please activate TOTAL ACCE\$\$ Telephone and Home Banking services. By signing below I authorize MagFCU to issue a temporary code which I will change to a private code the first time I log on to the TOTAL ACCE\$\$ system.

I do not want TOTAL ACCE\$\$ Please issue an ATM Card

APPLICANT SIGNATURE	Date	Employee Initials
JOINT APPLICANT SIGNATURE	Date	

Please Initial By Boxes To Verify Authorization

- _____ Individual Credit for Primary Owner of Account.
 _____ Joint Credit for All Applicants on this Membership Application to be Jointly and Severally Liable.

By signing the credit check authorization below, I/We hereby authorize Magnolia Federal Credit Union to receive and exchange credit, income, and employment information and permit the credit union to verify this information from whichever sources it deems necessary, and may now and in the future, provide others with information regarding my credit information with you, to the extent permitted by the law. I certify that this application is true and complete and accurately represents my present financial condition. I understand and acknowledge that if this application is approved, I am bound by all terms and conditions of the loan agreement and disclosure, which will be given to me upon disbursement of the loan. Use of my Credit Account, including the issuing of loan drafts, accessing my overdraft protection and/or use of any access device made available to me, will further certify my acceptance of the terms contained therein.

APPLICANT SIGNATURE	Date	Employee Initials
JOINT APPLICANT SIGNATURE	Date	

How did you hear of our Credit Union?

Referred by Friend/Family Member Radio Newspaper Ad Phone Book Referred By Employer Other _____

What local radio stations do you regularly listen to:

News/Talk Country Sports Adult Contemporary Classical Rock Urban Christian/Gospel

What Newspapers do you read on a regular basis?

Clarion Ledger Jackson Advocate Jackson Business Journal Mississippi Business Journal Northside Sun

Request for Payroll Deduction

Name _____ Social Security # _____

do hereby request People Lease to deduct the total sum of \$_____ from my check each pay period for Magnolia Federal Credit Union. The deducted amount should be allocated as follows:

Share Savings	\$ _____
Share Draft Checking	\$ _____
Christmas Club Account	\$ _____
Vacation Club Account	\$ _____
Loan Payment	\$ _____
Other (specify _____)	\$ _____

Employee Signature _____

Date _____