

# Member Service Agreement

Part 1



1300 Central Avenue  
Ashland, KY 41101  
PH: 606-329-5489  
TF: 800-245-8112  
www.ashlandcu.org

Member No. \_\_\_\_\_ Owner 1 Name (Member) \_\_\_\_\_ Date \_\_\_\_\_  
Field of Membership \_\_\_\_\_ Note \_\_\_\_\_

## Please use this form to join Ashland Credit Union and open new or additional account(s).

To join as a member and/or open your account(s) and related services at Ashland Credit Union (or to open one or more additional accounts for yourself), please complete the ownership information in **SECTION 1** (below), include any beneficiaries in **SECTION 2**, select the account(s) you want in **SECTION 3**, and the services you'd like to have in **SECTION 4**. Then read **SECTION 5** and **SECTION 6** and sign your name(s) in **SECTION 6** and return this form to us. Should you need additional owners, beneficiaries, accounts and/or services, have questions or need help, please contact us during business hours. To learn more about us, our commitment to excellent service and our valuable products and services, please visit our branch or website, or call us anytime we are open for business. Thank you again for being a member of Ashland Credit Union. We look forward to serving you!

### SECTION 1 OWNER(S) INFORMATION (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.) 1

Owner 1 Name (Member)		Address (Physical address required)		City	State	ZIP
Mobile Phone	Home Phone	Mailing Address (If different from physical address)		City	State	ZIP
E-mail		Social Security Number	Date of Birth	Security Phrase		
Employer	Work Phone	Driver's License - State, Number		Issue Date	Exp. Date	
Owner 2 Name		Address (Physical Address Required)		City	State	ZIP
Mobile Phone	Home Phone	Mailing Address (If different from physical address)		City	State	ZIP
E-mail		Social Security Number	Date of Birth	Security Phrase		
Employer	Work Phone	Driver's License - State, Number		Issue Date	Exp. Date	

### SECTION 2 BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People or organizations that may receive funds remaining in the account(s) on the final owner's death.) 2

Beneficiary/POD Payee 1 Name	Relationship	Beneficiary/POD Payee 2 Name	Relationship	Beneficiary/POD Payee 3 Name	Relationship
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**SECTION 3 ACCOUNT(S)**  Savings (Required for Membership)  Checking  Money Market  Christmas Club  Vacation Club  Certificate Builder  Visa Builder  Certificate *IRA and HSA accounts are available. Contact us for enrollment forms.*  3

**SECTION 4 SERVICE(S)**  ATM/Debit Card\*  Overdraft Service\*  Pay Overdrafts for Debit/ATM\* (\*service requires a checking account)  Payroll Deduction/Direct Deposit \_\_\_\_\_  Online Banking  Mobile Banking (Pre-checked services are included with membership)  4  
Initial Deduction Amt. \_\_\_\_\_

**SECTION 5 TAX INFORMATION CERTIFICATION** By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS 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.  I am subject to backup withholding  Exempt  I am not a United States citizen or resident (complete W-8 form)  5

**SECTION 6 ACKNOWLEDGEMENT** Owner 1 is or applies to be a member of Ashland Credit Union ("we", "us" & "our"), or is authorized to take action, according to our Member Service Agreement (the MSA Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Fee disclosures (and which, along with our records, comprise the terms of the MSA). Part 2 has been emailed to Owner 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. Because you control how the funds in account(s) with us are disbursed on your death, you irrevocably waive the right to dispose of funds in account(s) by will. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand an owner may conduct transactions on and take action to start, maintain, change, add or terminate accounts, products and services, as explained in Part 2 of the MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours, and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding (in Section 5 above).  6

Owner 1 Signature _____	Date _____	Owner 2 Signature _____	Date _____
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**HOW DID YOU HEAR ABOUT US?**  Website  From Current Member  Employer  Community Event  Advertisement  Walk-In  Facebook  Other \_\_\_\_\_  7

OFFICE USE ONLY	CU Employee Name _____	ID Number _____	Field of Membership _____	Note _____	Date _____
	<input type="checkbox"/> Page 1 of <input type="checkbox"/>				

# Additional Information Form

## Optional Information to Expedite Your New Membership Request

<b>Eligibility Requirement Met</b>	
Select one of the below membership eligibility options	
<input type="checkbox"/> <b>Community Eligibility</b>	<b>If you live, work, worship, or attend school in an eligible community, indicate which one below.</b>
<input type="checkbox"/>	<b>FIVCO Area Development District:</b> Kentucky counties of Boyd, Greenup, Lawrence, Carter, and Elliott
<input type="checkbox"/>	<b>Bluegrass Area Development District:</b> Kentucky counties of Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, and Woodford
<input type="checkbox"/>	<b>St Paul Park Community:</b> Minnesota counties of Washington, Dakota, Ramsey, or Hennepin
<input type="checkbox"/> <b>Eligible Company</b>	If joining ACU through your employer, indicate the organization below. See <a href="http://www.ashlandcu.org/mbr_elig.asp">www.ashlandcu.org/mbr_elig.asp</a> for a list of eligible employer groups.  Employer Group _____ Employee ID # _____
<input type="checkbox"/> <b>Family Relationship</b>	Name of Relative: _____  This person is my _____ (e.g. spouse, child, etc)
<b>Account Funding</b>	
Indicate below how you would like to fund your accounts	
<input type="checkbox"/> <b>Fund by Check</b>	I will mail a check to fund my accounts
<input type="checkbox"/> <b>Payroll Deduction</b>	Fund my accounts with Payroll Deduction  <b>Additional Information:</b> Payroll deduction is not available for all employer groups. By selecting this option, you certify that ACU may transmit requests on your behalf to your employer to change your deducted amount in accordance with your instructions.
<input type="checkbox"/> <b>Direct Deposit</b>	I would like to direct deposit into my account(s). ( <b>Note:</b> We may contact you with instructions)
<input type="checkbox"/> <b>Other Options</b>	Contact me to discuss other available options (such as wires, recurring or one-time electronic transfers)
<b>Recurring Amounts (if applicable)</b>	If sending regular deposits by payroll deduction or direct deposit, indicate amount: \$ _____  Posting Instructions: (such as \$10 to Christmas club, \$20 to savings, etc)
<b>Credit Score Enhancement</b>	
Improve your score and save on your monthly obligations with this optional service.	
<b>Credit Score Enhancement</b>	As a complimentary service to new members, we invite you to enroll in our Credit Score Enhancement service. With this service, an ACU representative will review your credit report and contact you about potential ways to increase your credit score or save money on your monthly payments.  <input type="checkbox"/> Yes – please enroll me in this service! <input type="checkbox"/> No – I am not interested at the present time.



**Ashland Credit Union**  
 P.O. Box 391/1300 Central Ave  
 Ashland, KY 41105  
 (800) 245-8112  
 Fax (606) 329-5414  
 www.ashlandcu.org • E-Mail: help@ashlandcu.org

**LOAN APPLICATION**

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

**Individual Credit:** Complete **Applicant** sections if only the applicant's income is considered for loan approval.

Complete **Applicant** and **Co-Applicant** sections: (1) if you reside in a Community Property State, or; (2) if you reside in a Community Property State; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested; or (4) if you are an Alaska resident subject to a community property agreement or community property trust. Community Property States include: AZ, CA, ID, LA, NM, NV, TX, WA, WI.

**Joint Credit:** Complete **Applicant** and **Co-Applicant** sections if your co-applicant will be contractually liable for repayment of the loan and initial below: We intend to apply for joint credit. \_\_\_\_\_ (Applicant Initials) \_\_\_\_\_ (Co-Applicant Initials)

**PLEASE CHECK BELOW TO INDICATE THE TYPE OF ACCOUNT(S) AND TYPE OF CREDIT FOR WHICH YOU ARE APPLYING.**

<b>Account/Loan:</b>	Individual	Joint	<b>Credit Cards:</b>	Individual	Joint	Number of Cards
<i>(Including ATM/Debit Card Access to the Account if Available)</i>			Visa Platinum		_____	
Purpose/Collateral: _____			If Authorized user, name: _____		Date of Birth _____	
Other Loan Request _____			<b>SEE PAGE 3 FOR IMPORTANT INFORMATION ABOUT CREDIT CARDS</b>			
Amount Requested \$ _____						

**Repayment:** Payroll Deduction/Direct Deposit    Billing Notice    Automatic Payment    ACH Transfer/Withdrawal    Other

APPLICANT			CO-APPLICANT		NON-APPLICANT SPOUSE/OTHER		GUARANTOR
NAME (Last - First - Initial)			NAME (Last - First - Initial)		NAME (Last - First - Initial)		NAME (Last - First - Initial)
MEMBER NUMBER			MEMBER NUMBER		MEMBER NUMBER		MEMBER NUMBER
SOCIAL SECURITY NUMBER			SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER
MOTHER'S MAIDEN NAME			MOTHER'S MAIDEN NAME		MOTHER'S MAIDEN NAME		MOTHER'S MAIDEN NAME
E-MAIL ADDRESS			E-MAIL ADDRESS		E-MAIL ADDRESS		E-MAIL ADDRESS
CELL NUMBER			CELL NUMBER		CELL NUMBER		CELL NUMBER
DRIVER'S LICENSE NUMBER/STATE			DRIVER'S LICENSE NUMBER/STATE		DRIVER'S LICENSE NUMBER/STATE		DRIVER'S LICENSE NUMBER/STATE
EXP. DATE			EXP. DATE		EXP. DATE		EXP. DATE
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.	BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.	BIRTH DATE	HOME PHONE
PRESENT ADDRESS (Street - City - State - Zip)			PRESENT ADDRESS (Street - City - State - Zip)		PRESENT ADDRESS (Street - City - State - Zip)		PRESENT ADDRESS (Street - City - State - Zip)
OWN    RENT			OWN    RENT		OWN    RENT		OWN    RENT
YEARS/MONTHS AT THIS ADDRESS			YEARS/MONTHS AT THIS ADDRESS		YEARS/MONTHS AT THIS ADDRESS		YEARS/MONTHS AT THIS ADDRESS
PREVIOUS ADDRESS (Street - City - State - Zip)			PREVIOUS ADDRESS (Street - City - State - Zip)		PREVIOUS ADDRESS (Street - City - State - Zip)		PREVIOUS ADDRESS (Street - City - State - Zip)
PURCHASE PRICE OF HOME:		PRESENT HOME VALUE:	PURCHASE PRICE OF HOME:		PRESENT HOME VALUE:	PURCHASE PRICE OF HOME:	
\$		\$	\$		\$	\$	
MORTGAGE BALANCE		MONTHLY PAYMENT (MORTGAGE/RENT)	MORTGAGE BALANCE		MONTHLY PAYMENT (MORTGAGE/RENT)	MORTGAGE BALANCE	
\$		\$	\$		\$	\$	
401K LOANS BALANCE		401K PAYMENTS	401K LOANS BALANCE		401K PAYMENTS	401K LOANS BALANCE	
\$		\$	\$		\$	\$	
PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.				PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.			
MARRIED    SEPARATED    UNMARRIED (Single - Divorced - Widowed)				MARRIED    SEPARATED    UNMARRIED (Single - Divorced - Widowed)			

**EMPLOYMENT**

NAME AND ADDRESS OF EMPLOYER		PHONE NUMBER	NAME AND ADDRESS OF EMPLOYER		PHONE NUMBER
HIRE DATE		POSITION	HIRE DATE		POSITION
PRIOR EMPLOYER			PRIOR EMPLOYER		

**INCOME**

<b>OTHER INCOME NOTICE:</b> Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.				<b>OTHER INCOME NOTICE:</b> Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.			
Do you pay child support?    YES    NO				Do you pay child support?    YES    NO			
EMPLOYMENT INCOME (GROSS)		OTHER INCOME (GROSS)		EMPLOYMENT INCOME (GROSS)		OTHER INCOME (GROSS)	
\$    PER		\$    PER		\$    PER		\$    PER	
		SOURCE				SOURCE	
NAME	AMOUNT (PER MO)	TERM (YR TO YR)	NAME	AMOUNT (PER MO)	TERM (YR TO YR)	NAME	AMOUNT (PER MO)

REFERENCES

Table with 4 columns: NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU, HOME NUMBER, NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU, HOME NUMBER. Includes a sub-row for RELATIONSHIP.

STATE NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request.

WISCONSIN RESIDENTS ONLY: Marital Status: Married Unmarried Legally Separated

If married: the name of my spouse is Spouse's SSN: Spouse's Address (if different)

Notice: No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened.

MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT: By signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s). X

SECURITY INTEREST

THE GRANTING OF THIS SECURITY INTEREST IS A CONDITION FOR THE ISSUANCE OF CREDIT UNDER THIS APPLICATION. IF YOUR APPLICATION IS APPROVED, YOU SPECIFICALLY GRANT US A CONSENSUAL SECURITY INTEREST IN ALL INDIVIDUAL AND JOINT ACCOUNTS YOU HAVE WITH US NOW AND IN THE FUTURE TO SECURE REPAYMENT OF CREDIT EXTENDED UNDER THIS AGREEMENT. YOU ALSO AGREE THAT WE HAVE SIMILAR STATUTORY LIEN RIGHTS UNDER STATE AND/OR FEDERAL LAW. IF YOU ARE IN DEFAULT, WE CAN APPLY YOUR SHARES TO THE AMOUNT YOU OWE. Shares and deposits in an Individual Retirement Account or any other account that would lose special tax treatment under state or federal law if given are not subject to this security interest. If you have other loans with us, collateral securing such loans will also secure your obligations under this Agreement, unless that other collateral is your principal residence or non-purchase money household goods. (Applicant Initials) (Co-Applicant Initials)

LOAN APPLICATION SIGNATURES

PLEASE READ BEFORE SIGNING:

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you.

Consumer and Credit Report Authorization. By signing this Application, I authorize you to obtain my consumer and/or credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an on-going basis in connection with this transaction, and for all other legitimate purposes, such as reviewing my accounts or taking collection action on the account. I authorize you to receive and review other information about me, such as my employment and income information, from third-parties or consumer reporting agencies.

Vermont Residents: Applicant provided consent via phone (Credit Union Initials)

Permission to contact: By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including autodialed and prerecorded message calls, from the credit union or its third party debt collector at that number.

IMPORTANT NOTICE 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 me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

SIGNATURE OF APPLICANT DATE X

SIGNATURE OF CO-APPLICANT DATE X

HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

## IMPORTANT CREDIT CARD DISCLOSURES

The following disclosure represents important details concerning your credit card. The information about costs of the card is accurate as of \_\_\_\_\_. You can contact us toll free at (800) 245-8112 or the address on Page 1 to inquire if any changes occurred since the effective date.

### INTEREST RATES and INTEREST CHARGES:

<b>Annual Percentage Rate (APR) for Purchases &amp; Balance Transfers</b>	<p style="text-align: center;"><b>%</b> Introductory APR for six months.</p> <p>After that, your Standard APR will be  <b>8.24% to 18.24%</b> depending on your credit history. This APR will vary semi-annually with the market based on the Prime Rate.</p>
<b>APR for Cash Advances</b>	<p><b>8.24% to 18.24%</b> depending on your credit history. This APR will vary semi-annually with the market based on the Prime Rate.</p>
<b>Penalty APR and When it Applies</b>	<p><b>15.99% to 24.00%</b> depending on your credit history.</p> <p>This APR may be applied to your account if you:</p> <ol style="list-style-type: none"> <li>1. Make a payment that is late 60 days or more; or</li> <li>2. Make a payment that is late 60 days or more on another account that you have with us.</li> </ol> <p><b>How Long Will the Penalty APR Apply?</b> If we increase your APRs due to a late payment, we may keep them at this higher level on existing and new balances until you make three (3) consecutive on-time payments.</p>
<b>Paying Interest</b>	<p>Your due date is at least 25 days after we mail your billing statement. We will not charge you interest on purchases or balance transfers if you pay your entire new purchase or balance transfer balance by the due date each month. For cash advances, we will begin charging interest on the date the cash advance is posted to your account.</p>
<b>Minimum Interest Charge</b>	None
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	<p>To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at  <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a></p>

<b>FEES:</b>	
<b>Fees to Open or Maintain your Account</b>	
<ul style="list-style-type: none"> <li>- Annual Fee:</li> <li>- Application Fee:</li> </ul>	<p>None</p> <p>None</p>
<b>Transaction Fees</b>	
<ul style="list-style-type: none"> <li>- Balance Transfer:</li> <li>- Cash Advance:</li> <li>- Foreign Transaction:</li> </ul>	<p>None</p> <p><b>2%</b> of the amount of each cash advance, (minimum: <b>\$5.00</b>)</p> <p>None</p>
<b>Penalty Fees</b>	
<ul style="list-style-type: none"> <li>- Late Payment:</li> <li>- Over-the-Credit Limit:</li> <li>- Returned Payment:</li> </ul>	<p>Up to <b>\$25.00</b> if your payment is late 15 days or more.</p> <p>None. We do not allow transactions that will exceed your credit limit.</p> <p>Up to <b>\$25.00</b> if your payment is returned for any reason.</p>

**How We Will Calculate Your Balance:** We use a method called "average daily balance (including new transactions)."

**Loss of Introductory Rate:** We may end your Introductory Rate and apply the Penalty APR disclosed above if your account becomes 60 days delinquent.