

Member Service Agreement

Part 1



1300 Central Avenue
Ashland, KY 41101
PH: 606-329-5489
TF: 800-245-8112
FX: 606-329-5414
www.ashlandcu.org

Account 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) Initial Deduction Amt. _____ 4

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).

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

Eligibility Requirement Met									
Select one of the below membership eligibility options									
<input type="checkbox"/> Community Eligibility	If you live, work, worship, or attend school in an eligible community, indicate which one below.								
<input type="checkbox"/>	FIVCO Area Development District: Kentucky counties of Boyd, Greenup, Lawrence, Carter, and Elliott								
<input type="checkbox"/>	Bluegrass Area Development District: Kentucky counties of Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, and Woodford								
<input type="checkbox"/>	St Paul Park Community: Minnesota counties of Washington, Dakota, Ramsey, or Hennepin								
<input type="checkbox"/> Eligible Company	If joining ACU through your employer, indicate the organization below. See www.ashlandcu.org/mbr_elig.asp for a list of eligible employer groups. Employer Group _____ Employee ID # _____								
<input type="checkbox"/> Family Relationship	Name of Relative: _____ This person is my _____ (e.g. spouse, child, etc)								
Account Funding									
Indicate below how you would like to fund your accounts									
<input type="checkbox"/> Fund by Check	I will mail a check to fund my accounts								
<input type="checkbox"/> Payroll Deduction	Fund my accounts with Payroll Deduction Additional Information: 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"/> Direct Deposit	I would like to direct deposit into my account(s). (Note: We may contact you with instructions)								
<input type="checkbox"/> Other Options	Contact me to discuss other available options (such as wires, recurring or one-time electronic transfers)								
Recurring Amounts (if applicable)	If sending regular deposits by payroll deduction or direct deposit, indicate amount: \$_____								
	Posting Instructions: (such as \$10 to Christmas club, \$20 to savings, etc)								
School Spirit Debit Card Program (OPTIONAL)									
Ashland Credit Union is the only financial institution in our communities to feature a partnership with several schools. This partnership allows ACU to offer the exclusive School Spirit Debit Card Program to these schools and their supporters. The card program allows the Credit Union to designate a portion of the income it earns on debit card usage to a fund selected by each school.									
Select Your School (checking applicants only)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Ashland Tomcats</td> <td style="width: 50%;">Holy Family</td> </tr> <tr> <td>Boyd County Lions</td> <td>Park Wolfpack</td> </tr> <tr> <td>East Ridge Raptors</td> <td>Raceland Rams</td> </tr> <tr> <td>Fairview Eagles</td> <td>Rose Hill Royals</td> </tr> </table>	Ashland Tomcats	Holy Family	Boyd County Lions	Park Wolfpack	East Ridge Raptors	Raceland Rams	Fairview Eagles	Rose Hill Royals
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