



# Media Members FCU U of P Credit Union

## Membership Application

**ELIGIBILITY:** You are eligible to join U of P CU if you are employed by the University of Pennsylvania; University of Pennsylvania Health Systems (or its affiliated institutions), The Wistar Institute, or The Children's Hospital of Philadelphia. The following persons associated with employees of the above organizations are also eligible to join: spouse, children, siblings, parents, grandparents, grandchildren, step-children, step-parents, step siblings, and adopted children. Non-related persons who live in the same household as a member are also eligible to join.

**Work/Employer**       **Family** \_\_\_\_\_  
Name of family member      Relationship

How did you learn about U of P CU? \_\_\_\_\_

Primary Name \_\_\_\_\_ Months at present address \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous home address (if less than 60 months): Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Identification Type \_\_\_\_\_ ID# \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Employer \_\_\_\_\_ # months employed \_\_\_\_\_ Title \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

I/We authorize MMFCU/U of P CU to issue/establish the following services and agree to the terms and conditions in the Disclosure.

- ATM/Visa Debit Card** and agree to the terms and conditions in the Disclosure
- Share Draft (Checking) Account.** Please order \_\_\_\_\_ basic checks (for a fee)
- Overdraft Privilege Services** and agree to the terms and conditions in the Disclosure
- Christmas Club Account** \_\_\_\_\_ Amount of Payroll Deduction (If Applicable)
- Vacation Club Account** \_\_\_\_\_ Amount of Payroll Deduction (If Applicable)
- Money Market Account** and agree to the terms and conditions in the Disclosure
- IRA Account** and agree to the terms and conditions in the Disclosure
- Share CD** and agree to the terms and conditions in the Disclosure

**Return completed application to:**  
**U of P Credit Union**  
**3131 Walnut Street**  
**Philadelphia, PA 19104**  
**Phone: 215-898-8539**  
**Fax: 215-573-2163**  
**UofPandMMFCU.com**

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please sign on reverse side)

## Overdrafts and Overdraft fees

### 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 deposit another account, which may be less costly than our standard overdraft practices. To learn more, ask us about these plans.

This notice 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:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We will not authorize and pay overdrafts for the following types of transactions without your consent.

- ATM transactions
- 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 Media Members FCU / U of P Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of up to \$35 each time we pay an overdraft
- There is no limit per day on the total fees we can charge you for overdrawing your account

### What if I want Media Members FCU / U of P Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions, Call 215-898-8539, visit our website at [www.UofPandMMFCU.com](http://www.UofPandMMFCU.com), complete the form below and present it at a branch or mail it to: 3131 Walnut Street, Philadelphia, PA 19104. You can revoke your authorization for Media Members Federal Credit Union to pay these overdrafts at any time by any of the above methods. Your revocation must include both your name and your account number so that we can properly identify your account.

**I do not want Media Members FCU / U of P Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.**

**I want Media Members FCU / U of P Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.**

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

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please complete and tear on perforated line

**Joint Share Account Agreement \*Not Transferable**

U of P CU 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 in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time. 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 theretofore made.

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 this credit union.

\_\_\_\_\_  
 Joint Owner Name Months at present address

\_\_\_\_\_  
 Home Address: Street City State Zip

\_\_\_\_\_  
 Previous home address (if less than 60 months): Street City State Zip

\_\_\_\_\_  
 Phone (H) (W) (Cell)

\_\_\_\_\_  
 Date of Birth Social Security Number E-mail address

\_\_\_\_\_  
 Identification Type ID# State Issue Date Expiration Date

\_\_\_\_\_  
 Employment Status Employer # months employed Title

\_\_\_\_\_  
 Street City State Zip

\_\_\_\_\_  
 Name

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. We may also ask to see your driver's license or other identifying documents. All applications are subject to eligibility and Credit Union approval.

Media Members Federal Credit Union operates some branches under its name and some branches under a trade name U of P Credit Union or a variation thereof. U of P Credit Union is a division of Media Members Federal Credit Union. No matter what branch you may use, you acknowledge that you are a member of one credit union, Media Members Federal Credit Union, and have the protection of the share insurance of that one credit union.

**Taxpayer Certification**

Under penalty of perjury, I certify (1) that the number shown on this card is my correct taxpayer identification 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. The IRS does not require the taxpayer to agree to the contractual provisions included on this form and (3) I am a U.S. person (including a U.S. Resident Alien).

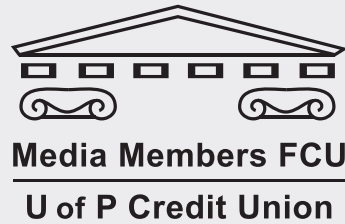
I hereby make application for membership in and agree to conform to the Bylaws, as amended, of U of P CU (the "Credit Union"). I certify that: I am within the field of membership of this Credit Union; the information provided on this application is true and correct; and my signature on this card applies to all accounts under my name at this Credit Union. (I have received disclosure for any Credit Union accounts I now have and agree to the terms and conditions set forth for those and any future accounts. I also agree the Credit Union may change these terms and conditions from time to time. This account may not be pledged, transferred, or assigned to any party other than the Credit Union.) Credit Union has the ability to close account if you did not qualify for membership at the time of account opening. I also agree to be bound to the terms and conditions of any account that I have in the Credit Union now or in the future.

\_\_\_\_\_  
 Member's Signature Date

\_\_\_\_\_  
 Joint Owner Member's Signature Date

<b>FOR CREDIT UNION USE ONLY</b>	
Date of Membership _____	Opened/Approved by: _____

Federally Insured by NCUA.



Please complete and tear on perforated line