



P.O. Box 231150
Montgomery, AL
36123 (334) 270-9011

Consumer Membership 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. We may also ask to see your driver's license or other identifying documents.

APPLICATION INSTRUCTIONS

- Complete all applicable sections of this application, front and back. Sign and date on back.
- A "member share" deposit of \$6.00 is required to establish your credit union membership.
- Two forms of Identification are required.
- If applicable, include deposits for any other new accounts.

ACCOUNTS AND SERVICES - Check all that apply

New Member

Add Services

Change of Information

Savings Christmas Club Club Account Super Saver
 Regular Checking Senior Checking Student Checking (ages 18-22)

Visa Debit Card Direct Deposit Payroll Deduction Bill Pay Call 24

(A checking account is required to obtain a debit card)

Clear Connect Internet Banking - Access ID

eStatements - Username

ACCOUNT OWNERSHIP - check one

Member Account# (assigned by CU)

Individual - owned by one person Joint* - joint account with right of survivorship

*For Joint memberships ONLY, the other Owner shown (joint owner) is classified as Joint Owner with Survivorship. This means that on the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.

Payable on Death (POD) allows a member to designate beneficiaries. Upon the death of all Account holders, available shares will be split equally among all surviving beneficiaries, except for CD's & IRA's with a separate beneficiary designation.

Beneficiary 1

SSN DOB

Address

City, State, Zip

Beneficiary 2

SSN DOB

Address

City, State, Zip

Beneficiary 3

SSN DOB

Address

City, State, Zip

PRIMARY MEMBER/OWNER INFORMATION

Legal Name

Email Address

SSN/TIN

Date of Birth (m/d/yyyy)

Driver License#

Driver License State

Mother's Maiden Name

Employer

Home Phone

Cell Phone

Work Phone

Mailing Address

City, State Zip

Physical Address

City, State Zip

JOINT MEMBER/OWNER INFORMATION

Legal Name

Email Address

SSN/TIN

Date of Birth (m/d/yyyy)

Driver License#

Driver License State

Mother's Maiden Name

Employer

Home Phone

Cell Phone

Work Phone

Mailing Address

City, State Zip

Physical Address

City, State Zip

CONSUMER MEMBERSHIP APPLICATION

NEW MEMBER QUESTIONNAIRE

How did you find out about us?

Have you ever had an account with ASE before? If yes, please explain.

Will you be applying for a loan today?

What is the main purpose of this account?

Will you be making regular large cash deposits or withdrawals of \$3000 or more? If yes, briefly describe the nature of these transactions.

Will you be making any wire transfers? If yes, briefly describe the nature of these transactions.

Will the majority of your deposits be direct deposit?

Will you be utilizing our Night Deposit Box on a regular basis?

Which branch will you use on a regular basis?

READ THIS IMPORTANT INFORMATION BEFORE SIGNING - If you have any questions, please contact us before signing.

APPLICANTS FOR MEMBERSHIP - Membership with ASE Credit Union is based on eligibility requirements and membership qualification through ChexSystems.

AUTHORIZATION - By signing below, I/We agree to the terms and conditions of the "All About Your Account" Disclosure and Membership Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the "All About Your Account" Agreement and Disclosures applicable to the accounts and services requested herein. If a Debit/Check Card of EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronics Funds Transfers Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

I/We agree to authorize ASE to obtain a credit report to answer questions regarding credit experience.

I/We hereby acknowledge receipt of ASE's New Membership documentation to include Member Identification Card, Fee Schedule, Privacy Policy & "All About Your Account" Agreement.

TIN CERTIFICATION & BACKUP WITHHOLDING INFORMATION - Under penalties of perjury, by signing below I certify that: (1) the Social Security or Tax ID Number listed in the Owner Information section, is the correct number for tax reporting purposes; (2) I am not subject to backup withholding under the provisions of the IRS Code; (3) I am a U.S. Person or U.S. resident alien unless designated below; and (4) all information provided is correct. Instruction to signer: If you have been notified by the IRS that your are subject to backup withholding due to a notified payee underreporting and you have not been notified that the backup withholding is terminated please check below.

I am subject to backup withholding

I am not a U.S. Citizen or Resident

NOTARY

Forms returned to ASE Credit Union by mail must be notarized and a copy of members current driver license must be submitted.

Signature of Member/Owner

Date

Signature

Date

Signature of Member/Owner

Date

Commission Expiry Date

(seal)

Signature of Member/Owner

Date

FOR CREDIT UNION USE ONLY

Date Opened

Branch #

Account Verification

Driver License

Second form of ID

Employment Verified

Address Verified

eFunds/OFAC Verified

Employee



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E-Statement Disclosure

ASECU E-Statement Disclosure

Electronic Statement Disclosure and Agreement

By signing below, you are agreeing that you will, from this point forward, receive your ASECU loan/bank statements through email. Frequency of statements may vary depending on the type of account. Statements will come in the form of a pdf file. If you need assistance in getting the correct software to view your statements, please contact your ASECU customer service representative. Statements are delivered free of charge.

Responsibilities

It is your duty to notify ASECU if your email address changes. Email delivery failures will not be monitored by ASECU. Protect your online information as statements will contain confidential information. If you believe your online account has been compromised, please contact ASECU promptly. Documents received via email contains important and legally binding information, please view them in a timely manner.

No warranties/limitations of liability

ASECU cannot foresee or anticipate difficulties in receiving statements. Therefore, ASECU makes no warranty that statement deliveries will be uninterrupted or error free.

Name: _____ Acct: _____

Signature _____ Date: _____