

## Member Services

As a full-service financial institution, Arizona Central is here to help you and your family achieve financial success for every stage of life. Unlike banks that are obligated to satisfy stockholders, credit unions specialize in serving members. Which is why our priority is to return profits to members through higher dividends on savings, lower rates on mortgages and loans, and lower fees.

## Member Share Account

- Basic savings account every member must open to become eligible for other services
- A minimum \$25 balance represents your ownership share in the credit union

## LifeStyle Checking Accounts

- FREE Visa® Check Card
- FREE online, mobile and text banking
- FREE Bill Pay and eStatements
- Allpoint surcharge-free ATM network
- Earn Central Points for Check Card purchases and online bill payments

Also available, Exempt-Funds Checking<sup>1</sup>, a limited access account for managing funds not subject to garnishment.

## Affordable Loans

- New and used auto, RV and boat loans
- Debt consolidation
- Signature loans and lines of credit
- Mortgage and Home Equity loans<sup>1</sup>

## Visa® Gold, Classic & Secured Credit Cards<sup>1</sup>

- No annual fees and low interest rates
- No fees for balance transfers or cash advances
- Travel accident insurance

## Money Market Account

- Offers higher returns than basic share account
- Tiered rates, so you'll earn more as your balance grows

## Certificates, IRAs<sup>1</sup> & Health Savings Accounts<sup>1</sup>

- Variety of terms and competitive rates
- Traditional, Roth and Coverdell ESA available
- Save for future medical expenses with an HSA

## You-Name-It Savings Account™

- Personalized savings account to help you save for any purpose

## Central Points™ Member Rewards Program

- Earn points when you save, borrow or refer a new member
- Use your points to get a lower loan rate, a higher rate on your certificate or to waive a fee

## Payroll Deduction & Direct Deposit

- Convenient, easy and safe way to make deposits
- Make loan payments automatically

## Convenient Account Access

- eBRANCH online banking, mobile and Bill Pay
- Central Phone Banking, a 24-Hour TouchTone Teller for account transactions and inquiries
- CU Service Centers® Network for nationwide branch access
- Worldwide ATM access, including Allpoint surcharge-free ATM network

## Enrollment & Application Instructions

Applying for credit union membership or new services is easy! Just follow these simple steps:

1. Complete the "Application for Membership & Services" inside this brochure.
2. If applying for membership, include a check or money order for at least \$25 with your application (\$25 minimum Member Share Account balance).
3. Include photocopies of valid identification for yourself and the joint owner (if applicable). Acceptable forms of I.D. include a non-expired driver's license, state-issued I.D. card, Military I.D., U.S. Passport, Resident Alien Card or Matricula Card.
4. Return your application, check or money order, and identification to any Arizona Central branch, or mail these items to:

Arizona Central Credit Union  
Attn: Support Services  
P.O. Box 11650  
Phoenix, AZ 85061-1650

<sup>1</sup>These products require a separate application. Ask an associate for details.

## Application for Membership & Services

|   |  |  |
|---|--|--|
| <b>INSTRUCTIONS:</b> Please supply all information requested. If you are already a member and are applying for additional services, please provide your member number on the right. | <b>DATE</b>  | <b>MEMBER #</b> (if current member)    |
| <b>STEP 1: Select the services you are applying for</b> (check all that apply)  |  | Member Eligibility Code (for ACCU use) |
| <b>REQUEST FOR MEMBERSHIP</b> How do you qualify?   | Employer    Family Member    Age 55+    Other _____  |  |
| <b>ACCOUNT TYPE</b> (optional):   | Monkey Money (for members 12 years & younger)    CU Succeed (for members 13-17)  |  |
| <b>REQUEST FOR CHECKING ACCOUNT</b> Do you want Joint Owner's name printed on your checks?  | Yes    No    Phone # to print on checks? _____   |  |
| <b>CHECKING ACCOUNT STYLE</b>   | iStyle    AZStyle    MyStyle    HighStyle    HSA    Exempt Funds (requires separate agreement)                                     |  |
| <b>REQUEST FOR OVERDRAFT PROTECTION</b> (Line of Credit for your checking account)  | Amount: \$500    \$1000    Other _____   |  |
| <b>REQUEST FOR VISA CHECK CARD</b> Check to request card for Joint Owner  | <b>REQUEST FOR ATM-ONLY CARD</b> Check to request card for Joint Owner (Initial card charge of \$5.00 plus \$5.00 maintenance fee) |  |
| <b>REQUEST FOR LOAN</b> Amount Requested \$ _____   | I am also interested in the following (separate application may be required for these products):                                   |  |
| Purpose & Collateral: _____   | Home Loan    Visa Credit Card    Certificate    Money Market   |  |

### STEP 2: If applying for membership, complete the TIN Certification & Backup Withholding Statement

By signing this application, I certify, in accordance with IRS W-9 instructions and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. I certify that I am a U.S. Citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701.7).

I certify that I am exempt from FATCA reporting. Exempt payee code (if any) \_\_\_\_\_ Exempt from FATCA reporting code (if any) \_\_\_\_\_

**CHECK ONE:**     **I AM NOT SUBJECT TO BACKUP WITHHOLDING**     **I AM SUBJECT TO BACKUP WITHHOLDING**    IF YOU ARE NOT A U.S. CITIZEN - COMPLETE W-8 FORM

### STEP 3: For all services, complete the primary member section (complete joint owner/co-applicant section if applicable)

|   |   |  |  |                               |                                    |  |
|---|---|--|--|-------------------------------|------------------------------------|--|
| <b>PRIMARY MEMBER</b>   | <b>NAME</b>   | <b>SOCIAL SECURITY NUMBER/TAX ID</b>                                   | <b>YOUR DATE OF BIRTH</b>  |                               |                                    |  |
|   | <b>STREET ADDRESS</b>   | <b>CITY</b>  | <b>STATE</b>   | <b>ZIP</b>                    |                                    |  |
|   | <b>MAILING ADDRESS (IF DIFFERENT)</b>   | <b>CITY</b>  | <b>STATE</b>   | <b>ZIP</b>                    |                                    |  |
|   | <b>HOME PHONE</b><br>(    )   | <b>HOUSING</b> OWN    RENT    OTHER<br>YEARS AT CURRENT ADDRESS: _____ | <b>MONTHLY PAYMENT/RENT</b><br>\$ _____                                    | <b>HOME VALUE</b><br>\$ _____ | <b>PRESENT BALANCE</b><br>\$ _____ |  |
|   | <b>EMPLOYER'S NAME</b> (required)   | <b>EMPLOYER'S ADDRESS</b> (required)                                   |  | <b>WORK PHONE</b><br>(    )   |                                    |  |
|   | <b>OCCUPATION</b>   | <b>EMPLOYED</b> PERMANENT    FULL-TIME<br>TEMPORARY    PART-TIME       | <b>YEARS</b>   | <b>GROSS MONTHLY INCOME</b>   |                                    |  |
|   | <b>PLEASE NOTE:</b> Do not list child support or alimony as other source of income unless you want us to consider it in evaluating your creditworthiness. | <b>OTHER SOURCE OF INCOME, IF ANY</b>                                  |  |                               | <b>MONTHLY AMOUNT</b>              |  |
| <b>DO YOU PAY CHILD SUPPORT?</b><br>YES    NO    AMOUNT: \$ _____ | <b>AGES OF DEPENDENTS</b> (excluding self):   |  | <b>EMAIL ADDRESS</b>   |                               |                                    |  |
| <b>JOINT OWNER/CO-APPLICANT</b>                                   | <b>NAME</b>   | <b>SOCIAL SECURITY NUMBER/TAX ID</b>                                   | <b>YOUR DATE OF BIRTH</b>  |                               |                                    |  |
|   | <b>STREET ADDRESS</b>   | <b>CITY</b>  | <b>STATE</b>   | <b>ZIP</b>                    |                                    |  |
|   | <b>MAILING ADDRESS (IF DIFFERENT)</b>   | <b>CITY</b>  | <b>STATE</b>   | <b>ZIP</b>                    |                                    |  |
|   | <b>HOME PHONE</b><br>(    )   | <b>HOUSING</b> OWN    RENT    OTHER<br>YEARS AT CURRENT ADDRESS: _____ | <b>MONTHLY PAYMENT/RENT</b><br>\$ _____                                    | <b>HOME VALUE</b><br>\$ _____ | <b>PRESENT BALANCE</b><br>\$ _____ |  |
|   | <b>EMPLOYER'S NAME</b> (required)   | <b>EMPLOYER'S ADDRESS</b> (required)                                   |  | <b>WORK PHONE</b><br>(    )   |                                    |  |
|   | <b>OCCUPATION</b>   | <b>EMPLOYED</b> PERMANENT    FULL-TIME<br>TEMPORARY    PART-TIME       | <b>YEARS</b>   | <b>GROSS MONTHLY INCOME</b>   |                                    |  |
|   | <b>PLEASE NOTE:</b> Do not list child support or alimony as other source of income unless you want us to consider it in evaluating your creditworthiness. | <b>OTHER SOURCE OF INCOME, IF ANY</b>                                  |  |                               | <b>MONTHLY AMOUNT</b>              |  |
| <b>DO YOU PAY CHILD SUPPORT?</b><br>YES    NO    AMOUNT: \$ _____ | <b>RELATIONSHIP TO MEMBER</b>   |  | By initialing, co-applicant certifies he/she is applying for joint credit: |                               |                                    |  |

**STEP 4: Valid Identification is required to open your account. Indicate which form of I.D. you are providing.**

**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.

**PRIMARY MEMBER:** Driver's License State I.D. Military I.D. Passport Resident Alien Matricula  
 ID# \_\_\_\_\_ EXP \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

**JOINT OWNER:** Driver's License State I.D. Military I.D. Passport Resident Alien Matricula  
 ID# \_\_\_\_\_ EXP \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

**STEP 5: If applying for credit, please complete the following:**

|  |  |
|--|--|
| <b>Individual Credit</b>   | <b>NOTE:</b> If applying for individual credit, do not complete marital status unless you reside in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI). Married persons may apply for credit in their own name. If you are married and live in a community property state or if you would like a joint account with your spouse, please provide information about your spouse in the co-applicant section (STEP 3). |
| <b>Joint Credit</b> - Initial below to certify that you are applying for joint credit: |  |
| <b>MARITAL STATUS:</b> MARRIED SEPARATED UNMARRIED (SINGLE, DIVORCED, WIDOWED)         |  |

|   |                          |
|---|--------------------------|
| <b>NAME &amp; ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU</b> | <b>HOME PHONE</b><br>( ) |
| <b>NAME &amp; ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE</b>     | <b>HOME PHONE</b><br>( ) |

**STEP 6: Review the terms of application and sign and date your application**

"You" and "your(s)" refer to applicant and joint applicant. "We", "us", and "ACCU", refer to Arizona Central Credit Union. By signing below, you the undersigned, certify under penalty of perjury, the information presented herein, supplied for the purpose of obtaining credit, is true and correct. You understand providing false or misleading information on a credit application violates state and federal law. You authorize ACCU to obtain credit reports in connection with this application and for any update, increase, renewal, extension or collection of the credit received. ACCU is authorized to make inquiries, as deemed necessary, to verify any information contained in this application and will use the information provided to verify the identity of all account holders/borrowers. You understand your account will not be opened if valid identification is not provided. Account holders will be screened through ChexSystems. Upon submission, this application becomes the property of ACCU. You authorize us to give information concerning your credit/account experience with us to others.

**By signing below, you acknowledge receipt and agree to the terms and conditions of the Account Agreements & Disclosures booklet: Truth-in-Savings Disclosure, Membership & Account Agreement, Funds Availability Policy, Electronic Funds Transfer Agreement & Disclosure, and Privacy Notice Disclosure. Disclosures will also be provided for each service for which you have qualified. Use of the service by you or your agent ratifies that you agree to the terms and conditions set forth in the disclosures.** You understand funds will be deducted from your savings account to cover overdrafts, unless you have funds available from an approved Overdraft Protection Line of Credit. You will be responsible for the resulting balance and subject to finance charges and other terms and conditions as disclosed to you in the Credit Agreement. You understand that having Non-Sufficient Funds (NSF) items may result in the closure of your checking account. You authorize us to deduct funds from any of your ACCU accounts to recover funds disbursed to you on any item returned unpaid or paid on your behalf, including fees associated with that item. ACCU does not identify the source of a deposit before it pays an overdraft, or offset. By depositing funds into ACCU you agree that we have your permission to pay overdrafts, offset negative balances, and pay monies owed to us by you with those funds. You authorize us to charge your account the amount necessary to pay for each order of checks. To maintain membership, \$25.00 (par value of one share) must remain on deposit in the Member Share Account. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By signing below you are requesting a personal identification number (PIN) for ATM access and Central Phone Banking TouchTone Teller access.

**PLASTIC CARD SECURITY AGREEMENT AND PLEDGE.** By signing this application, acceptance or authorized use of any credit/debit/ATM card(s) issued, I pledge our shares as defined by our Membership Agreement\* to secure payment of my obligations on this account. Additional Security: I understand that collateral securing other loans will secure this account, and that property purchased with my card(s) will also secure this account.

\*Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits. (See Visa Credit Card Disclosure and Agreement for Terms).

**INITIALS:**

|  |  |
|--|--|
| <b>NAME</b> (as you would like it to appear on checks/cards if different than step 3): | <b>NAME</b> (as you would like it to appear on checks/cards if different than step 3): |
|--|--|

|  |   |
|--|---|
| <b>X</b> _____<br><b>MEMBERS SIGNATURE</b> | <b>X</b> _____<br><b>JOINT OWNER'S/CO-APPLICATION SIGNATURE (if applicable)</b> |
| DATE                                       | DATE  |

|   |                   |
|---|-------------------|
| <b>FOR CREDIT UNION USE ONLY:</b><br>Approved For: Checking QMC Check Card HSA Card Approved by (Teller Code): _____<br><b>This application has been approved by the Board of Directors and entered.</b><br>Membership Officer _____ Date _____ Teller Code _____ | <b>THUMBPRINT</b> |
|---|-------------------|