



44575 West 12 Mile Rd.
Novi, MI 48377
248.735.9500

APPLICATION FOR MEMBERSHIP
Member Number: _____

Name	First	Initial	Last	Birthdate (DOB)	Social Security Number
Address			City	State	Zip Code
Home Phone		Drivers License No.		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone		Email Address			
Employer Name		Position		Work Phone	
Address			City	State	Date of Hire
Mother's Maiden Name		Eligibility Based on (If family relationship, specify type of relationship and name of family member)			
Previous Address (if less than 5 years at present)			City	State	Zip Code
Name of Nearest Relative or Friend Not Living with You		Relationship	Daytime Phone		Evening Phone
Address			City	State	Zip Code

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify (1) that the number shown above is my correct taxpayer identification number and (2) that I am not subject to back-up withholding either because I have not been notified that I am subject to back-up withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to back-up withholding. (NOTE: If I have been notified by the Internal Revenue Service that I am currently subject to back-up withholding, and that notification has not been terminated, than I must strike out clause (2) above).

Primary Member Signature _____ Date _____

X _____ Date _____
If minor account, parent/legal guardian signature

JOINT SHARE ACCOUNT AGREEMENT

Telcom Credit Union is hereby authorized to recognize any of the signatures subscribed hereto 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 the Credit Union that all sums now paid on shares, or heretofore or hereafter, paid 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. I agree to be liable for all transactions of any kind performed by myself or anyone to whom I entrust my ATM card. I agree that use of my ATM card constitutes consent to the effective rules and regulations described in the disclosure that I will be mailed prior to receiving my ATM card. 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.

NOTICE TO PRIMARY/JOINT OWNERS

The Credit Union reserves the right to change any of the terms of this Agreement at any time without prior notice to the owners of the account, including the Primary Member, if the change is favorable to such owners. The Credit Union may make changes that are adverse to such owners only if it provides the owners with any notice required by law or required in this Agreement. When the Credit Union changes this Agreement, the owners may close the account if they do not agree to the changes; if any of them continues to use the account or the account remains open after the effective date of such change, all owners will be deemed to have agreed to the change. The parties agree that any notice required under this Agreement is sufficient if it is delivered to the Primary Member. The right or authority of the Credit Union under this Agreement shall not be changed or terminated by the owners of this account, or any of them, except by written notice to the Credit Union as described below, which shall not affect transactions theretofore made or obligations theretofore created. The joint owners of this account hereby agree with each other and with the Credit Union that the Primary Member may, without consent of any other owner(s) on the account, close this account, add new joint owner(s), or remove existing joint owner(s). No such change shall be effective until it is presented in writing to, and accepted by, the Credit Union. In the event the ownership structure of this account is changed without the consent of all joint owners, the Primary Member requesting the change hereby agrees to indemnify and hold the Credit Union harmless from any and all claims, demands, damages, causes of action, cost or expenses, including attorney fees, which may be asserted against the Credit Union as a result of the Credit Union's agreement to make the changes requested. I agree to be liable for all transactions of any kind performed by myself or anyone to whom I entrust my ATM card. I agree that use of my ATM card constitutes consent to the effective rules and regulations described in the disclosure that I will be mailed prior to receiving my ATM card. I hereby make application for membership in Telcom Credit Union, agreeing to conform to its bylaws or any amendments thereof. BY SIGNING BELOW, I/WE HEREBY AGREE TO THE TERMS AND CONDITIONS OF THIS JOINT SHARE ACCOUNT AGREEMENT, AND ANY AMENDMENTS THERETO.

All new applicants must qualify for membership via ChexSystems report and credit history evaluation.

Primary Member Signature _____ Date _____

Print Joint Owner Name (1)	Social Security Number	DOB	Daytime Phone
Joint Signature			Date
Print Joint Owner Name (2)	Social Security Number	DOB	Daytime Phone
Joint Signature			Date

CHECKING ACCOUNT AGREEMENT WITH OVERDRAFT PAYMENT PROVISIONS

I/we hereby authorize Telcom Credit Union to establish this Checking Account for me/us. The Credit Union is authorized to pay checks signed or items authorized by me (or any of us) and to charge all such payments against the money in this Account. I authorize Telcom Credit Union to make inquires pertaining to employment, credit standing, and financial responsibility regarding my application. It is further agreed that:

- a. Only check blanks (and other methods) approved by the Credit Union may be used to make withdrawals from this Account;
- b. All non-cash payments received in this account will be credited subject to final payment;
- c. The Credit Union is under no obligation to pay a check or pre-authorized item that exceeds the fully paid and collected balance in this Account. However, the Credit Union may, at its discretion, pay such a check or item. If the Credit Union does pay such a check or item, it is agreed that the Credit Union shall be immediately reimbursed, by one or more of the undersigned, to the extent that such a check or items exceeds the balance in the Account. Such reimbursement shall be in cash, unless another manner of reimbursement has been authorized below;
- d. The Credit Union may pay a check or pre-authorized item on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the check;
- e. When paid, checks become the property of the Credit Union and will not be returned either with the periodic statement of the Account or otherwise. Copies of such checks will be provided, if requested, and the Credit Union may charge a fee for providing such copies;
- f. Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check or pre-authorized item;
- g. Any objection respecting any item shown on a periodic statement of the Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed;
- h. This Account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in the Credit Union's bylaws;
- i. This Account is also subject to such other terms, conditions, and service charges as the Credit Union may establish from time to time. The Credit Union may change the terms and conditions of this Account, upon giving a 15-day written notice. Notice may be given by U.S. mail, first class, postage prepaid, to my/our last known address, as reflected in the Credit Union's records;
- j. If this Agreement is signed by more than one person, the persons signing below shall be the joint members of this Account which, in that event, shall be subject to the additional terms and conditions printed below;
- k. Account dividends are not guaranteed;
- l. A minimum deposit is not required to open a Checking Account and no minimum balance is required to maintain a Checking Account;
- m. All new applicants must qualify for membership via ChexSystems report and credit history evaluation;
- n. By signing below, I/we agree to be liable for all transactions of any kind performed by myself or anyone to whom I entrust my card. I/we agree that use of my/our card constitutes consent to the effective rules and regulations described in the disclosure that I/we will be mailed prior to receiving my/our Visa debit card.

ADDITIONAL TERMS AND CONDITIONS (Joint Checking Account Agreement)

The Credit Union is hereby authorized to recognize any of the signatures subscribed below hereof in the payment of funds or the transaction of any business for this Account. The joint members of this Account hereby agree with each other and with the Credit Union that all sums now paid into this Account, or heretofore or hereafter paid into this Account, by any or all of said joint members with all accumulations thereon, are and shall be owned by them jointly, with the right of survivorship, and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor(s) shall be valid and discharge the Credit Union from any liability for such payment. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said members, or any of them, except by written notice to the Credit Union, which shall not affect transactions theretofore made.

Overdraft Reimbursement (Option)

- (1) If the Credit Union reimburses itself for any check or other pre-authorized item drawn on this Account by transferring available funds from designated Accounts, and in doing so, might cause the Account to be reduced below the value of one share, I/we hereby authorize the Credit Union to reimburse itself by making the loan advances under the terms and agreements outlined in the Overdraft Line of Credit Agreement. I understand loan advances will be made in multiples of \$100 of available funds or any balance less than \$100.
- (2) I/we hereby authorize the Credit Union to reimburse itself for any check or other pre-authorized item which it pays, to the extent by which such check or pre-authorized item exceeds the balance in this Account, by transferring sufficient funds from my/our Savings Account. Such advances from my/our Savings Account shall not reduce the balance below the value of one share. Such transfers shall be subject to a service charge, as determined by the Credit Union from time to time.
- (3) I/we understand the Credit Union may honor items through the Courtesy Pay service after all other overdraft sources are exhausted. The Courtesy Pay service will cause my/our Checking Account to become overdrawn and assess an associated per item fee. Any items and associated Courtesy Pay fees may be honored up to a specified amount. I/we understand my/our Checking Account must be brought to a positive balance within 30 days of being overdrawn. I/we understand that the Courtesy Pay service may not be activated for up to 90 days and must be approved for use on each account. In addition, I/we understand that the payment of overdrafts is discretionary and Telcom reserves the right not to pay. For example, Telcom typically does not pay overdrafts if your Account is not in good standing, or you are not making regular deposits, or you have too many overdrafts.

If the Credit Union declines to make a loan advance as set forth in paragraph 1 above, or if I/we have not authorized such a loan advance or there are not funds available in my/our Savings Accounts or through Courtesy Pay, I/we understand that the check or pre-authorized item will not be paid, and will be returned "Non-Sufficient Funds".

Print Primary Member Name	Member Number	Social Security Number	Daytime Phone
Primary Member Signature			Date
Print Joint Owner Name (1)	Social Security Number	DOB	Daytime Phone
Joint Signature			Date
Print Joint Owner Name (2)	Social Security Number	DOB	Daytime Phone
Joint Signature			Date

BENEFICIARY INFORMATION AND PROVISIONS

Upon the death of the Primary Member of the last surviving member(s), if there is more than one, the funds covered by this Agreement shall become the property of the beneficiary(ies) listed below who are alive at the time. In addition, each such beneficiary shall have the power to withdraw only his or her equal share of the remaining account balance with any accumulations on such amount. No beneficiary shall have any right under any circumstances to change the terms and conditions of this Agreement.

Beneficiary Name _____ Relationship _____ SS # _____ DOB _____
 Address _____ City/State/Zip _____ Phone _____
 Beneficiary Name _____ Relationship _____ SS # _____ DOB _____
 Address _____ City/State/Zip _____ Phone _____