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**THANK YOU FOR YOUR INTEREST IN JOINING THE  
EAGLE EXPRESS FEDERAL CREDIT UNION!!**

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Enclosed is your Application for Membership packet. The following must be completed before processing:

- \_\_\_\_\_ 1. Member Information sheet
- \_\_\_\_\_ 2. Application for Membership card (**COMPLETE BOTH SIDES**)
- \_\_\_\_\_ 3. Return forms with a minimum deposit of **\$25.00** in the enclosed self-addressed envelope
- \_\_\_\_\_ 4. Include copies of 2 forms of identification (MS Drivers License & Social Security Card)

Upon receipt of your application, the Membership officer will act on your membership. You will then become an equal owner of Eagle Express Federal Credit Union.

As a member/owner you will be eligible for all services we provide. You will also be eligible to vote in the annual elections for Directors. Elections are processed through mail-ballots just before the Annual Meeting of Members which is held on the first Monday of March each year. Results are announced at the meeting. All directors of the Credit Union are non-paid volunteers.

**Some additional benefits of Credit Union membership:**

- \* Accounts are federally insured by NCUA up to \$250,000.00
- \* Payroll deduction or direct deposit is available
- \* All types of loans available from VISA to Mortgages

If you have any questions regarding your membership or any of the services we offer, please give us a call, stop by or check out our website.

The staff and Board of Directors again THANK YOU for your interest in joining the Credit Union and look forward to your participation in our "Credit Union Family".

**Credit Union Staff**

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Katie Nelson (CEO/Manager) ~ David Kinnison (Assistant Manager) ~ Valerie Linson (Office Manager)  
Tammy Henderson (Loan/Collection Manager) ~ Jamelle Wells (Head Teller) Jannie Luckett ~  
~ Carrie Sanders ~ Kim Godziszewski ~ Jessica Spears ~

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**Board of Directors**

Jim Hankins (Chairman) ~ Steve Vernamonti (Vice Chairman) ~ LeVinsso Collins (Sec-Treasurer)  
~ Al Ponder ~ Danny Williams ~ Judy Presley ~ Willie Liddell, Jr.

**APPLICATION FOR MEMBERSHIP**  
**FAILURE TO COMPLETE FULLY MAY DELAY YOUR APPLICATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Mother's Maiden Name/Code word \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Cellular \_\_\_\_\_ Email \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Employment: \_\_\_\_\_ Salary \_\_\_\_\_

Start Date \_\_\_\_\_ Position \_\_\_\_\_

If not a Federal employee, please give name of family member who is employed by the Federal Agency and their location \_\_\_\_\_

Relationship to family member \_\_\_\_\_

(Relationship to family member may require verification)

Next of kin (not living in your household) Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I authorize the Credit Union to obtain credit reports in connection with this application for membership  
(If you request, the Credit Union will advise you of the name and address of any Credit Bureau used to obtain this report).

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please submit copies of 2 forms of identification)

Credit Union Use Only: Must obtain information on primary and all joints – 2 forms of ID Required

ID Verification: Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
ID Verification: Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ OFAC check: pass \_\_\_\_\_ fail \_\_\_\_\_

**JOINT SHARE ACCOUNT AGREEMENT**

The Eagle Express Federal Credit Union is hereby authorized to recognize any of the signatures below in the payment of funds of the transactions of any business for this account. The joint owners of this account hereby agree with each other and said credit union that all sums now paid in shares, or heretofore or hereto after paid in 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(s) shall be valid and discharge of 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.

Any or all said joint owners may pledge all or any part of the shares in this account as collateral security to a loan(s) from the credit union

**JOINT ACCOUNT INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Physical Address \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Mother's Maiden Name/Code word \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Cellular \_\_\_\_\_ Email \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Employment: \_\_\_\_\_ Salary \_\_\_\_\_

**APPLICATION FOR MEMBERSHIP  
FAILURE TO COMPLETE FULLY MAY DELAY YOUR APPLICATION**

Start Date \_\_\_\_\_ Position \_\_\_\_\_

I authorize the Credit Union to obtain credit reports in connection with this application for membership  
(If you request, the Credit Union will advise you of the name and address of any Credit Bureau used to obtain this report).

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Joint owner must submit copies of 2 forms of identification)

Credit Union Use Only: Must obtain information on primary and all joints – 2 forms of ID Required

ID Verification: Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
ID Verification: Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ OFAC check: pass \_\_\_\_\_ fail \_\_\_\_\_

**BENEFICIARY DESIGNATION**

If I, the account holder, have funds in my savings accounts(s) (IRA excluded) which exceeds the amounts owed to the credit union at the time of my death, then I direct the credit union to pay such excess to the joint account holder(s), if living. If there is no joint account holder(s) or that person is not living, I hereby direct the credit union to pay such funds to: \_\_\_\_\_ at \_\_\_\_\_ if then living.

I reserve the right to change or terminate the designation of beneficiary. I further agree that any designation or change of beneficiary, or termination of designation, shall be binding upon the credit union only if filed with the credit union prior to my death on a form agreed to by the credit union. In the absence of the filing of such designation, change or termination, I agree on behalf of myself and my heirs, assigns, personal representatives and all other persons claiming through me to indemnify and hold harmless the credit union from all loss or damage by reasons of the payment of the proceeds of such insurance and/or savings to the beneficiary(s) named above. I understand that the credit union has no obligation to continue to provide life savings insurance and that whenever the credit union does provide said insurance, it may, in its sole discretion, cancel the insurance at any time.  
Account owner who is insured:

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Instructions to the Signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated you must strike out the language in clause 2 of whichever certification you sign below.)

**CERTIFICATION AS TO TAXPYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING**

Under penalties of perjury, I certify (1) that the number shown on this form 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 (IRS) has notified me that I am no longer subject to backup withholding and (3) I am a U.S. person (including a U.S. resident alien).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION IF AWAITING NUMBER**

Under penalties of perjury, I certify (1) that a taxpayer identification number has not been issued to me, and that I mailed or delivered an application to receive a taxpayer identification number to the appropriate IRS Center or Social Security Administration Office (or I intend to mail or deliver an application in the near future), (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 (IRS) has notified me that I am no longer subject to backup withholding and (3) I am a U.S. person (including a U.S. resident alien).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Membership eligibility: \_\_\_\_\_  
Membership officer: \_\_\_\_\_ Date \_\_\_\_\_  
Member number: \_\_\_\_\_





INFORMATION YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES AT EAGLE EXPRESS FEDERAL CREDIT UNION

An overdraft occurs on your account when you do not have sufficient funds in your account to cover a transaction. Currently, Eagle Express Federal Credit Union (EEFCU) pays certain overdrafts for member transactions for checks and other debit transactions (debit card, ATM, automated clearing house debits), under conditions defined by the Board of Directors. Fees of up to \$30.00 are charged for this service. Due to a recent change in federal regulations, we will not be able to continue this service after August 15, 2010, unless you "opt in" by returning this document to us showing that you agree or opt in to the service. Please be aware that we are currently and will continue to pay overdrafts at our discretion, which means we do not guarantee that we will always pay any type of transaction that causes an overdraft. If you would like us to continue to pay overdrafts as we currently do after August 15, 2010, please check the option below and return this document to us via facsimile, mail or delivery to the credit union office. The phone numbers and address are in the header above.

**Member Opt-In Election:**

By checking below, I accept receipt of the notice called "Information you need to know about overdrafts and overdraft fees at Eagle Express Federal Credit Union". I agree that I have read the notice and that I understand and will abide by the terms and conditions of the option that I have chosen regarding payment of overdrafts on everyday debit card, ATM and automated debit (ACH) transactions. I also agree that Eagle Express Federal Credit Union does not need to provide me with an additional paper disclosure of this notice unless I specifically request one in writing.

**Disagree:** I do not want Eagle Express Federal Credit Union to authorize and pay overdrafts on my everyday debit card transactions, ATM and automated debits (ACH)..

**Agree:** I want Eagle Express Federal Credit Union to authorize and pay overdrafts on my everyday debit card transactions, my checks, my automated debits (ACH).

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

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

Sincerely,

Eagle Express Federal Credit Union

P O Box 567 – Jackson, Mississippi 39205-0567\*601-355-6363 \* MS Watts 1-800-698-7570\*Fax 601-355-2567  
567 S State St., Jackson, MS 39201 \*www.eagleexpressfcu.com\* Voice Response System1-800-508-9674