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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 ~ Shirley Woods ~ Brianna McBride-Cook

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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.

# Member Service Agreement

Part 1



**Eagle Express**  
FEDERAL CREDIT UNION

PO Box 567  
Jackson, MS 39205  
PH: 601-355-6363  
TF: 800-698-7570  
eagleexpressfcu.com

## OWNER INFORMATION (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.)

1

Owner 1 Name		Address	City	State	ZIP
Home Phone	Mobile Phone	Mailing Address (if different from physical address)	City	State	ZIP
E-mail	Social Security Number	Date of Birth	Employer/Retired From		
Mother's Maiden Name	Driver's License - State, Number & Issue and Exp. Date			<input type="checkbox"/> MIP	Password

ACCOUNT(S)  Savings  Checking  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ 2

## CERTIFICATE ACCOUNT ANNUAL PERCENTAGE YIELD (APY), RATE & TERMS (As Applicable)

3

Term	Amount	Source of \$	Rate	Annual % Yield	Maturity Date
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**Dividends to:** Remain in Certificate Account **On Maturity:** Funds are deposited in your Regular Savings Account

SERVICE(S)  Debit Card (Card Valet)  Audio Teller  Eagle Express Web (eStatements, Mobile, Bill Pay, POPMoney, Alerts)  Pay OD for Debits 4

## MULTIPLE OWNER(S) INFORMATION (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.)

5

Owner 2 Name		Address	City	State	ZIP
Home Phone	Mobile Phone	Social Security Number	Date of Birth	E-mail Address	
Employer/Retired From	Mother's Maiden Name	Driver's License - State, Number & Issue and Exp. Date			<input type="checkbox"/> MIP

Owner 3 Name		Address	City	State	ZIP
Home Phone	Mobile Phone	Social Security Number	Date of Birth	E-mail Address	
Employer/Retired From	Mother's Maiden Name	Driver's License - State, Number & Issue and Exp. Date			<input type="checkbox"/> MIP

## BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People or organizations that may receive funds remaining in the account(s) on the final owner's death.)

6

Beneficiary/POD Payee 1 Name	Relationship	Beneficiary/POD Payee 2 Name	Relationship	Beneficiary/POD Payee 3 Name	Relationship
Beneficiary/POD Payee 4 Name	Relationship	Beneficiary/POD Payee 5 Name	Relationship	Beneficiary/POD Payee 6 Name	Relationship

**TAX INFORMATION CERTIFICATION** By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.  
 I am subject to backup withholding  Exempt  I am not a United States citizen or resident (complete W-8 form)

**ACKNOWLEDGMENT** Owner 1 is or applies to be a member of Eagle Express Federal Credit Union ("we", "us" & "our"), or is authorized to take action, according to our Member Service Agreement (the MSA Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Charges disclosures (and which, along with our records, comprise the terms of the MSA). Part 2 has been emailed to Owner 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. Because you control how the funds in account(s) with us are disbursed on your death, you irrevocably waive the right to dispose of funds in account(s) by will. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand an owner may conduct transactions on and take action to start, maintain, change, add or terminate accounts, products and services, as explained in Part 2 of the MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours, and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding (in Section 7 above).

Owner 1 Signature	Owner 2 Signature	Owner 3 Signature
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I agree to be removed as an Owner

State of \_\_\_\_\_ in the county of \_\_\_\_\_, Notary \_\_\_\_\_

This Agreement was signed before me on \_\_\_\_\_ Commission Expires \_\_\_\_\_

by \_\_\_\_\_  
Name(s) of Owner(s)

OFFICE USE ONLY	CU Employee Name	Field of Membership	Date	<input type="checkbox"/> Page 1 of 2
	<input type="checkbox"/> OIC/AIT			<input type="checkbox"/>



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 System 1-800-508-9674