

Type of Checking Selected
 Members Premium Checking
 Members Choice Checking
 Members Free Checking

Types of Checks Selected

Choice Checking: Burgundy Green Beige
 Premium / Free-Check style number: _____

\$ _____ Cost of Checks _____ Starting No. _____

Information To Be Printed on Checks
 (Please Print)

Name(s): _____

Address: _____

Hm Phone _____ Wk Phone _____

Driver's License (optional) _____

Employment (optional) _____

Checking Account Information

Regular Savings Overdraft Protection
OR
 Credit Line Overdraft Protection*
 *subject to credit approval

Member's Signature **Date**

For Credit Union Use Only

Member Number: _____

Checking Account Number: 30000

Savings Account Number: 302

PSRs Name _____

**This Section Applies to
 Members Choice Checking Accounts Only
 Membership Enrollment**

Eligible Persons: All Members of the Members Choice Checking Accounts.

**Accidental Death and
 Dismemberment Coverage** \$10,000

Common Carrier Insurance Coverage \$35,000

Member acknowledges receipt of program materials and agrees to the terms of the insurance coverage, other services, any applicable membership dues, and any announced changes in fees or services. Insurance coverage is divided equally on joint accounts.

Upon signing this Membership Enrollment, you and any joint holders of your account are enrolled as members of the MarketTrust Association (MTA). As soon as your signed enrollment is received by your Financial Institution (FI), your accidental death insurance will be effective. Coverage will end the first day of the month after the month in which dues are last paid, or termination of either your membership or the policy. Monthly membership dues, if applicable, will be deducted from your account by your FI or MTA, for your convenience. Part of your dues will be used to pay your insurance premium. Upon completion of this enrollment form, this sponsorship results in an Association membership provided to the member.

Member Signature **Date of Birth**

Beneficiary Designation:
 I wish to name _____
 as my beneficiary.
 Signature _____

Beneficiary Designation:
 I wish to name _____
 as my beneficiary.
 Signature _____

New Existing
 Members Choice Checking

Enrollment date _____

Application For VISA® Check Card
 (Please Print)

Name: _____

Address: _____

City _____ State _____ Zip _____

S.S.# _____ Cell Ph: _____

Home Ph: _____ Work Ph: _____

Joint Owner – Another card can be issued in this person's name. This person **must** be joint on the checking account in order to receive a card.

Name _____

Address _____
 (If different from Applicant).

S.S.# _____ Cell Ph: _____

Home Ph: _____ Wk Ph: _____

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Primary Member's Signature **Date**

Joint Member's Signature **Date**

Select your own PIN number:

Checking Account Number: 30000

Savings Account Number: 302

PSRs Name _____