

Type of Checking Selected

Members Premium Checking
 Members Choice Checking
 Members Free Checking
 Free2B Checking

Types of Checks Selected

Choice Checking & Free2B Checking
 Burgundy Green Beige

Premium & Free Checking
 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) _____

Overdraft Protection

Yes/No Savings Overdraft Protection ID _____

OR

Yes/No LOC Overdraft Protection* ID _____
 *subject to credit approval

Member's Signature _____ Date _____

For Credit Union Use Only

Member Number _____

MICR# _____

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

Member Number _____

Checking Acct# _____

PSRs Name _____