



## Reward Yourself with our FREE Checking & Savings Accounts

### Kasasa Cash Checking

Earn interest and awesome rewards with a FREE Kasasa Cash checking account. You'll enjoy monthly payouts and NO minimum balance requirements – plus, we'll pay back your ATM fees nationwide!

### Kasasa Cash Back Checking

Earn cash back on debit card purchases. What you buy is up to you, and we'll refund your ATM fees nationwide.

### Kasasa Saver

Pair this extraordinary savings account with a Kasasa Cash or Cash Back checking account to make saving automatic. Any rewards you earn are deposited directly into your Kasasa Saver –so you can save without even thinking! Plus, you'll earn a great interest rate.

### Kasasa Tunes Checking

Earn Amazon.com® and iTunes® download credits each month. We'll also refund your ATM fees – not just where you live, but nationwide!

### Members Choice Checking:

This account features a variety of benefits, including travel rewards & discounts, identity theft protection, accidental death and dismemberment insurance, common carrier insurance, and much more – all for one low monthly service fee. For the full list of features, visit our website at MECUanywhere.com.

### Simply Checking:

With our Simply Checking account you'll never have to worry about paying a monthly service fee, but will still receive great benefits like FREE home banking, FREE bill pay, FREE e-statements, and FREE e-alerts – plus dividends!

\*All checking accounts require a \$50 minimum opening deposit

## Office Locations

### Main Office

107 Marketridge Dr.  
Ridgeland, MS 39157

### Byram Branch

5640 I-55 S Frontage Road  
Byram, MS 39272

### Pearl Branch

101 MetroPlex Blvd.  
Pearl, MS 39208

## Mailing Address

P.O. Box 31049 • Jackson, MS 39286-1049

## Contact Us

(601) 922-3350 • (800) 748-9459

## Website

MECUanywhere.com

## MECU Anywhere Account Access Line

1-877-370-MECU (6328)

## Find Us On Social Media

@MECUanywhere



# Choices in Checking

You're **ONE STEP** away from a great checking account!

One-Step Checking Application



## Type of Checking Selected

Kasasa Cash\*       Members Choice  
 Kasasa Cash Back\*       Simply Checking  
 Kasasa Tunes

\*Kasasa Saver Account. When paired with Cash or Cash Back, rewards are deposited directly into your Kasasa Saver account!

**YES** - Please open a Kasasa Saver account  
 **NO** - I do not wish to open a Kasasa Saver account

## Types of Checks Selected

I do not wish to order checks at this time.

### Choice Checking:

Burgundy       Green       Beige

### Kasasa Checking and Simply Checking:

Style: \_\_\_\_\_  
Cost: \$ \_\_\_\_\_ Starting No. # \_\_\_\_\_

## Information to be Printed on Checks

(Please Print)

Name(s): \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Other: \_\_\_\_\_

## Overdraft Protection

(Please make a selection below for share overdraft protection)

**YES** - Savings overdraft protection  
Share/Loan ID: \_\_\_\_\_

**NO**  
Signature: \_\_\_\_\_  
Joint Owner Signature: \_\_\_\_\_

## For Credit Union Use Only

MICR#: \_\_\_\_\_  
PSR Initials: \_\_\_\_\_

## Membership Enrollment

(This section applies to Members Choice checking accounts only.)

### Eligible Persons

All Members Choice checking account holders.

### 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)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
S.S.# \_\_\_\_\_ Cell Ph. \_\_\_\_\_  
Home Ph. \_\_\_\_\_ Work 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 Signature      Date

\_\_\_\_\_  
Joint Member Signature      Date

Select your own PIN number:

Member Number \_\_\_\_\_

Checking Acct. # \_\_\_\_\_

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