LMFCU | Louisville Medical Federal Credit Union

we're here - for those in healthcare

234 East Gray Street, Suite 130, Louisville, KY 40202-1907

Membership Application Form

LMedFCU.org

NCUA

To apply for membership in the Louisville Medical Federal Credit Union (LMFCU), please complete the form below. To comply with our Customer Identification Program, we will also need a photocopy of a valid driver's license, passport or other government-issued photo ID for each owner signing below. When completed, either mail or bring originals to the Credit Union office at the address above. (Please do not fax as we need original signatures on all account documents.) If you need additional information, call us at **502-629-3716**. There is no fee to join; however, you may want to include an initial deposit or complete the AUTOMATIC DEPOSIT form found online in the FORMS section of our website. LMFCU Agreements, Disclosures and our Privacy Policy are available in paper at our office or online in the FORMS section. When your account has been approved and set-up, you will receive notification by mail or e-mail. ***Thank you for joining LMFCU!***

By signing below, I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the Louisville Medical Federal Credit Union (LMFCU). I also agree to the terms and conditions of any account I have in LMFCU now or in the future and agree that LMFCU may change those terms and conditions from time to time.

FOR OFFICE USE	

REFERRED BY:

MEMBER Name *(Print)* _____

Member Signature _____ Date Signed _____

Home Address _____

City _____ State _____ Zip Code _____

Home Ph _____ Cell Ph _____ Work Ph _____

Soc. Sec. # or Tax Ident. # _____ Date of Birth _____

Place of Employment _____ Mother's Maiden Name _____

E-Mail Address (PRINT) _____

JOINT OWNER* Name *(Print)* _____

Soc. Sec. # or Tax Ident. # _____ Date of Birth _____

Joint Owner Signature _____ Date Signed _____

If Joint Owner has a different address, please attach that information to this form.

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING:

Under penalties of perjury, I certify (1) that the Social Security Number shown at left is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have 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.)

Instructions to signer: Cross out item (2) above if the IRS has notified you that you are subject to backup withholding due to under-reporting. Cross out item (3) and complete a W-8BEN if you are not a U.S. person.

ACCOUNTS AND SERVICES REQUESTED:

☐ **Regular Savings Account** *(A Regular Savings Account is required to have any of our other services.)*
See our Standard Disclosure Statement for fees and withdrawal limitations which may apply.

☐ **Share Draft Account with Overdraft Transfer from Share or Loan Account**
Loan Application required for Overdraft Line-of-Credit.

OTHER SERVICES REQUESTED: *See Disclosure Statements and Agreements for rules and fee schedules.*

☐ **ATM Card** (For Savings Accounts)
☐ **VISA Debit Card** *(For Savings or Checking)*
☐ **PayIt** Online Bill Pay
☐ **Virtual Branch** Internet Access
☐ **CUMoney** Pre-Paid Debit Card
☐ **$tatLine** Audio Response
☐ **Statement Express** Online Statements

I AM ALSO INTERESTED IN MORE INFORMATION ABOUT THESE SERVICES:

☐ **Christmas Club or Special Savings**
☐ **Individual Retirement Accounts (IRAs)**
☐ **Signature Loans**
☐ **Automobile Loans**
☐ **Loans Secured by Real Estate**
☐ **Certificates of Deposit**
☐ **Overdraft Protection**
☐ **Redi-Credit Line of Credit**

IMPORTANT: Please see back page for account information and required signatures.

Account Agreements:

Date Opened _____

☐ **Regular Savings Account** (A Regular Savings Account is required to have any of our other accounts or services.)
The Louisville Medical Federal Credit Union (LMFCU) is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for the accounts listed below. The legal owners of these accounts hereby agree with each other and with the Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said legal owners to their credit as legal owners with all accumulation thereon, are and shall be owned by them jointly, with right of survivorship and shall be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge the Credit Union for any liability for such payment. The legal owners also agree to the terms and conditions of the accounts as established by the Credit Union from time to time. Any or all of said legal owners may pledge all or any part of the shares in these accounts as collateral securing a loan or loans from the Credit Union. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to the Credit Union which shall not affect transactions theretofore made.

☐ **Share Draft Account with Overdraft Transfer from Share or Loan Account**
I/We hereby authorize Louisville Medical Federal Credit Union to establish a special share account for me/us to be known as a "Share Draft Account." The Credit Union is authorized to pay drafts signed by me/us and to charge the payments against the Share Draft Account. It is agreed that only methods approved by the Credit Union may be used to withdraw funds from this account.

The Credit Union is authorized to pay share drafts or Point of Sale (POS) transactions signed by me (or by any of us, if more than one person signs this agreement) and to charge all such payments against the shares in this account. In the event the Credit Union receives a request to pay a share draft/POS and there is not an amount in the Share Draft Account sufficient to cover the item, I request the draft/POS be paid with a transfer from my share savings account (not to exceed 3 automatic transfers per month.) It is further agreed that (a) the Credit Union may pay a share draft on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the share draft, however, the Credit Union is under no obligation to pay a share draft on which the date is more than six months old; (b) the Credit Union is under no obligation to pay a share draft which exceeds the fully paid and collected share balance in this account, however, the Credit Union is obligated to pay all POS transactions regardless of account balance; the Credit Union may, however, pay such a share draft and charge the amount of the resulting overdraft plus a service charge against any other share account from which the person who signed the share draft is entitled to withdraw shares, or in the event any of the signers writes a share draft/POS which would result in the account being overdrawn, the Credit Union may treat such overdraft as a request to the Credit Union for an advance (multiples of $100) from the "Line-of-Credit for Overdraft Protection" loan account which may be associated with the account, sufficient to pay such share draft and credit the loan advance to this account; (c) except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a share draft; (d) non-cash payments received on shares in the Share Draft Account will be credited subject to final payment; (e) the Share Draft Account shall be subject to service charges in accordance with the rate schedules adopted by the Credit Union from time to time; (f) the use of the Share Draft Account is subject to such other terms, conditions and requirements as the Credit Union may establish from time to time; (g) if signed by more than one person, this agreement is subject to the additional terms and conditions of any legal share account agreement that applies to a share account in our legal names; or, if there is no such agreement, this agreement is subject to the additional terms and conditions printed above; and (h) I understand a ChexSystems consumer report will be requested before this account is opened.

Other Services:
☐ **ATM Card (for Savings Accounts)** ☐ **VISA Debit Card (for Checking Accounts)**
I/We request Louisville Medical Federal Credit Union to issue an ATM or VISA Debit Card to each applicant signing below. I understand by signing below and use of the card will constitute acknowledgement of receipt and agreement to the terms of the Electronic Funds Transfer Agreement of the Credit Union.

☐ **Virtual Branch Internet Access** ☐ **$tatLine Audio Response**
I understand access is free, but excessive time usage may be limited. I understand a temporary Personal Identification Number (PIN) will be assigned to me and agree to change that number, the first time I use the service, to a private PIN of my choice, known only to me. I agree to keep my PIN private and not allow others to access my account.

☐ **PayIT On-Line Bill Pay** ☐ **CUMoney Prepaid Debit Card**
I understand that signing below and use of the service will constitute acknowledgement of receipt and agreement to the terms of the PayIT Bill Payment Agreement and Disclosures or Services Credit Union VISA Prepaid Debit Card Agreement.

☐ **Statement Express On-Line Statements**
Your Credit Union statements are available sooner than with traditional mail and are available for six months. Statements can be printed and/or saved to your computer. You will receive an e-mail message each time you have a new statement available.

I understand electronic systems may be temporarily unavailable to me from time to time. I agree to hold the Credit Union harmless for any transactions initiated by my use of these services or any inability to access the service. I understand a service charge may apply to re-issue or reset my PIN or replace a lost or damaged card. All terms and conditions of Credit Union membership apply to these services.

Agreements and Disclosures are available in paper or on the FORMS page of our website, LMedFCU.org.

I authorize the Credit Union to obtain such consumer reports as are necessary to process this application for membership. I understand it is a federal crime to willfully and deliberately provide incomplete or incorrect information on membership applications made to Louisville Medical Federal Credit Union insured by the National Credit Union Administration (NCUA). I/We acknowledge receipt of a copy of this agreement and agree to all its terms.

Signatures:
Primary Member _____ Joint Owner _____

Access to Services
Access to most of our free services will be restricted after 90 days if not used. If your access to any service has been restricted and you would like to reactivate it, please call our office and we will be happy to reset the service for you.

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Louisville, KY 40202
502.629.3716

Automatic Deposit Form

DIRECT DEPOSIT AUTHORIZATION

PAYROLL DEDUCTION AUTHORIZATION

One of the great benefits of Credit Union Membership is Automatic Deposit. Any regular recurring check can be automatically deposited to your Share or Share Draft (Checking) Account, including Payroll, Social Security, Pension, etc.

If Direct Deposit is not available, most of our sponsors will provide Payroll Deduction, an easy and convenient way to save. Savings, checking, loan payments, etc., are deducted from you payroll and automatically credited to your Credit Union account(s).

Follow the **1 - 2 - 3** directions on the left or call us at (502) 629-3716 for more information.

Thanks for having an account with your Credit Union!

1 - 2 - 3

AUTOMATIC DEPOSIT DIRECTIONS

1. If your employer offers **DIRECT DEPOSIT**, please complete section #1 of this form.

   (If you are a Norton Healthcare Employee, **#1** contains the information you will need to start your deposit using your Employee Portal.)

   Remember: You only need to authorize one total amount you want to come to the Credit Union. If you have more than one account you want credited, use the **Deposit Allocation Director** in section **#3.**

2. If your employer **DOES NOT** offer Direct Deposit, please use section #2 of this form to start your **PAYROLL DEDUCTION.**

3. If you wish to have your AUTOMATIC DEPOSIT OR PAYROLL DEDUCTION **split** between more than one account at the Credit Union, please use section #3 or call us at 502-629-3716.

Send a copy of the completed from to the Credit Union, and if you completed section #1 or #2, take a copy to your Payroll Department.

1 Direct Deposit Authorization

❑ **START** ❑ **CHANGE**

I hereby authorize you to deposit the amount of $ _____ per pay to my account with the **Louisville Medical Federal Credit Union**. Please continue this amount until I change it in writng.

If you want your full check to come to the Credit Union, the amount should read "**NET PAY**."

Transit/Routing ABA Number	MY Account Number	This is a:
283079382	__ __ __ __ __ __ __ __	❑ Savings Account ❑ Checking Account

Member's Signature _____ Social Security Number _____

Date Signed _____ Credit Union Approval (if required) _____

2 Payroll Deduction Authoriztion

TO MY EMPLOYER: I hereby authorize you to deduct the following amount from my pay each payroll period and transmit same currently to the **Louisville Medical Federal Credit Union** until further notice from me in writing.

❑ **START** ❑ **CHANGE** **TOTAL AMOUNT $ _____**

Member's Signature _____ Social Security Number _____

Date Signed _____ Credit Union Approval (if required) _____

3 Deposit Allocation Director (Splits)

TO THE CREDIT UNION: Please make the following allocations (splits) each pay period from my total Credit Union deposit.

ACCOUNT TYPE	AMOUNT TO DEPOSIT	ACCOUNT TYPE	AMOUNT TO DEPOSIT
Regular Savings	$	Certificate #	$
Christmas Club	$	Other A/C #	$
Special Savings #	$	Checking Account	$
IRA Savings	$	**TOTAL DEPOSIT***	$

(*Total Deposit may be NET PAY)

After the above allocations (splits) have been made, I want the remainder of my total deposit credited to my:

❑ **Checking Account**, or ❑ **Regular Savings Account**.

Member's Signature _____ Account Number _____

Date Signed _____ E-Mail Address _____

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