

Member Number:
(Number assigned by the Credit Union)

*\$5 IS REQUIRED TO OPEN A SHARE SAVINGS ACCOUNT.

MEMBERSHIP APPLICATION

TYPE OF ACCOUNT

In addition to my Share Savings account, I would like to open the following:

- Checking (type) _____
- Debit MasterCard
I understand that if I do not qualify for the Debit MasterCard, I may qualify for an ATM Card.
- Certificates _____ month term High Yield Money Market
- "You Name It" Savings Holiday Savings
- Other _____ Other _____
- *Please deliver my monthly statements and notices via a secure encrypted e-mail to:
email address _____
- *I understand that by selecting this I will not receive paper statements or paper notices.

PRIMARY MEMBER INFORMATION

Mr. Mrs. Ms.	Last Name	First Name	Middle Initial
Home Address			
City		State	ZIP
Mailing Address (if different)			
City		State	ZIP
Home Phone (with area code) ()		Birthdate	Social Security Number
Employer		Work Phone (with area code) ()	Ext.
Occupation		Driver License Number	State Exp. Date
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, provide copy of passport. Place of Issuance _____ Expiration Date _____			
Passport Number _____			

JOINT OWNER (1) INFORMATION

Mr. Mrs. Ms.	Last Name	First Name	Middle Initial
Home Address			
City		State	ZIP
Home Phone (with area code) ()		Birthdate	Work Phone (with area code) ()
Social Security Number		Driver License Number	State Exp. Date
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, provide copy of passport. Place of Issuance _____ Passport Number _____ Expiration Date _____			
Employer		Occupation	

JOINT OWNER (2) INFORMATION

Mr. Mrs. Ms.	Last Name	First Name	Middle Initial
Home Address			
City		State	ZIP
Home Phone (with area code) ()		Birthdate	Work Phone (with area code) ()
Social Security Number		Driver License Number	State Exp. Date
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, provide copy of passport. Place of Issuance _____ Passport Number _____ Expiration Date _____			
Employer		Occupation	

Important Information About Procedures for Opening a New Account

- To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens or has a financial relationship with Genisys Credit Union.
- What this means to you: when a deposit or loan account is opened or a financial relationship is established with Genisys Credit Union, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or use other identifying documents such as a credit report.

BENEFICIARY INFORMATION

Payable Upon Death

Beneficiary (1) Last Name	First Name	Middle Initial
Social Security Number	Birth Date	Home Phone (with area code) ()
Home Address		
City	State	ZIP
Beneficiary (2) Last Name	First Name	Middle Initial
Social Security Number	Birth Date	Home Phone (with area code) ()
Home Address		
City	State	ZIP

MEMBERSHIP AGREEMENT

I hereby make application for membership in Genisys Credit Union and agree to conform to its policies and amendments, thereof and subscribe for at least one share. Under penalties of perjury, I certify (1) that the number shown on this form is my correct Social Security Number and (2) that I am not subject to withholding either because I have not 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 has notified me that I am no longer subject to backup withholdings. (3) I am a U.S. person (including a U.S. resident alien). Cross out the language in (2) if the Internal Revenue Service has notified you that you are subject to backup withholdings and has not terminated that notification. Your signature is your acknowledgement that you agree to the terms and conditions of the Checking Account Agreement and Joint Account Agreement (on the reverse side).

_____ Date
Primary Owner's Signature

_____ Date
Joint Owner's Signature (1)

_____ Date
Joint Owner's Signature (2)

- How did you hear about Genisys Credit Union? _____
- Name of relative, community, company, association or organization qualifying you for membership? _____

CHECK IMPRINTING INFORMATION

PLEASE PRINT ONLY THE INFORMATION YOU WISH TO APPEAR ON YOUR CHECKS.

Primary Owner's Name	Joint Owner's Name(s)
Phone Number	
Address	
City	State ZIP

You will receive 150 standard pocket checks with cover.
I wish to start at number 101, or _____. I want starter checks.

When you have completed this form: Bring it to one of our branches, mail to Genisys Credit Union, P.O. Box 7092, Troy, MI 48007-7092 or FAX to 248-322-6512

FOR OFFICE USE ONLY:
ID has been verified according to Genisys CU policy:

Employee Initial _____ Date _____



JOINT ACCOUNT AGREEMENT

ADDITIONAL TERMS AND CONDITIONS

Please read carefully before signing the Membership Agreement on this form.

Genisys Credit Union is hereby authorized to recognize any of the signatures subscribed on the reverse side in the payment of funds or in the transaction of any business for this Account. The joint owners of this Account hereby agree with each other and with the Credit Union that all sums now paid into this Account, or heretofore or hereafter paid into this Account, by any or all of said joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship, and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor(s) shall be valid and discharge the Credit Union from any liability for such payment.

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 the written notice to the Credit Union which shall not affect transactions theretofore made.

Joint owner(s) on "You Name It" Savings, Holiday Savings and High Yield Money Market Account(s) will be the same as joint owner(s) on savings accounts unless specified upon request in writing.

CHECKING ACCOUNT AGREEMENT

Please read carefully before signing the Membership Agreement on this form.

I/We hereby authorize Genisys Credit Union to establish this checking account for me/us. The Credit Union is authorized to pay checks signed by me (or by any of us) and to charge all such payments against the funds in this checking account. It is further agreed that:

A. Deposits may not be immediately available. A copy of the Deposit Hold and Withdrawal Policy is available upon request.

B. The Credit Union is under no obligation to pay a check that exceeds the fully paid and collected balance in this Account. However, the Credit Union may, at its discretion, pay such a check. If the Credit Union does pay such a check, it is agreed that the Credit Union shall be immediately reimbursed, by one or more of the owners of the account, to the extent that such a check exceeds the balance in this Account. Such reimbursement shall be in cash, unless another manner of reimbursement has been authorized.

C. If funds are not available upon presentation of this check for payment, then I/We authorize the Credit Union to reimburse itself for any check which it pays, to the extent by which such check exceeds the balance in the Account, by transferring not more than six times in a month sufficient shares from my Share Savings Account. Such advances from the Account shall not reduce the balance in my Share Savings Account below the par value of one share (\$5), or if funds are not available in regular shares and I/We have established a Kwik Draw Revolving Line of Credit, then I/We authorize the Credit Union to advance a loan (plus finance charges at the current rate for this type of loan) to cover the overdraft caused by anyone authorized to transact business for this account, if doing so will permit the check to be paid, and will not exceed the authorized credit limit of the loan. A service charge will be made for handling the overdraft whether paid or not paid under the provisions of this paragraph.

D. The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the check.

E. When paid, checks become the property of the Credit Union and will not be returned either with the periodic statement of this Account or otherwise. Copies of such checks will be provided, if requested, and the Credit Union may charge a fee for providing such copies.

F. Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check whether or not payment may cause an overdraft condition.

G. Any objection respecting any item shown on a periodic statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.

H. This Account is subject to the Credit Union's right to require advance notice of withdrawals as provided in the Credit Union's Bylaws.

I. Your signature authorizes the Credit Union to issue you an automated teller machine card (Debit MasterCard) and Personal Identification Card (PIN) for access to the Debit MasterCard system.

J. Additionally, your signature on this checking account gives you telephone access to your accounts through our UniCall 24-Hour Voice Response system or OnLine USA™ Internet Account Access.

K. This Account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time. The Credit Union may change its terms and conditions of the Account, upon giving a 30-day written notice. Notice may be given by U.S. mail, first-class, postage prepaid, to my/our last known address as reflected in the Credit Union's records.