June 2007

APPLICATION FOR MEMBERSHIP

Member Number:	**ID #:**	**My Generation**	**Y**	**N**
Member Name	Email Address			
Address	City	State	Zip	
Home Phone	Cell Phone			
Employer	Work Phone			
SSN	Date of Birth	Mother's Maiden Name		

Eligibility: I certify that I am eligible to join Glass City Federal CU through the following county:

o **Lucas County** o **Wood County** o **Fulton County** o **Ottawa County**

Joint Owner Name	**ID #:**	Email Address	
Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
SSN	Date of Birth	Mother's Maiden Name	
Joint Owner Name	**ID #:**	Email Address	
Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
SSN	Date of Birth	Mother's Maiden Name	

I hereby make application for membership to conform to the bylaws or any amendments thereof in Glass City Federal Credit Union.

Glass City Federal Credit Union is hereby authorized to recognize any of the signatures on this card in payment of funds or the transaction of any business for this account, per the agreement and disclosure statement provided to the member at the time this account is opened.

I/We hereby authorize Glass City FCU to establish the indicated account(s) for me/us. Glass City FCU is authorized to pay all share drafts, check card purchases, ATM withdrawals, point-of-sale (POS) items, and automated clearinghouse (ACH) items signed or authorized by me (or by any of us) and to charge all such payments against the shares in the account(s). By signing below, I/we agree to all other terms in the account agreement and disclosures, as stated in the disclosure packet that I/we have been given at the time this account is opened.

By signing below, I/we also authorize Glass City FCU to check my/our credit history, including verifying the information on this application. (Applies only to members age 18 and older.)

All deposits in joint accounts are joint with rights of survivorship.

The right or authority of Glass City FCU under this agreement shall not be changed or terminated by said owners except by written notice to Glass City FCU, which shall not affect transactions previously made.

Please indicate the accounts you would like to open. If you would like the Joint Owner on this application to be joint on the account type indicated, please initial.

- o Primary Share (Required) Initials of Member_____
- o ATM Card Initials of Member_____
  PIN Request (4 Digits) _____
- o Money Market Savings Initials of Member_____
- o Money Market MAX Initials of Member_____
- o Regular Checking Initials of Member_____
  Check Card Initials of Member_____
  PIN Request (4 Digits) _____
- o Interest Bearing Checking Initials of Member_____
  Check Card Initials of Member_____
  PIN Request (4 Digits) _____
- o Telephone Banking (PAL) Initials of Member_____
- o Home Banking (Cyber PAL) Initials of Member_____
- o **YES!** Sign me up for EZ Loan Initials of Member_____

Each owner acknowledges that any or all of the account may be required to be pledged as security as a condition of obtaining other services and/or accounts with Glass City.

Initials of Member_____ Initials of Joint Owner_____ Initials of Joint Owner_____

(Instructions to Signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has been terminated, you must strike out the language in clause 2 below).

Certification to Taxpayer Identification Number and Backup Withholding: Under penalty of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number, and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of the failure to report all interest or dividends, or the Internal Revenue Service 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).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Primary Owner Signature	Date
Joint Owner Signature	Date
Joint Owner Signature	Date

MY GENERATION MEMBERS UNDER 18 YEARS OF AGE

Regarding the Responsibility of Minor Transaction Accounts:

This is a statement of the characteristics of and procedures concerning the establishment of a transactional account for a minor. This form and the representations contained are provided to members of Glass City Federal Credit Union who desire to open accounts for the benefit of a minor, or for a minor's use. In the event that a Minor Transaction Account is established, the undersigned acknowledges that the account shall be binding upon any minor as if the minor were of legal age and had made the deposit, or opened the account. The undersigned further acknowledges that Glass City FCU shall incur no liability arising by or from the minor's use of this account, and hereby indemnifies and holds harmless Glass City FCU from any and all liabilities related thereto.

I/we acknowledge receipt of a copy of Glass City FCU's disclosure packet and understand that the statements contained therein are makde to members of Glass City FCU so as to provide information concerning the establishment of minor transaction accounts as of the date set forth below.

MINOR: My signature below indicates that I understand that, upon reaching a legal age (age 18), all disclosures and responsibilities for this account apply to me.

_____

Parent/Legal Guardian Signature Date

_____

Minor Signature Date

FOR OFFICE USE ONLY

PRIMARY SHARE

Account opened/updated by:_____

Employee Name Date

Reviewed by: _____

Employee Name Date

CHEXSYSTEMS: _____

SECONDARY ID: _____