

This membership application is a PDF document with interactive form fields allowing you to complete the form on your computer before visiting any Ohio Educational Credit Union office.

This form resides on your computer while you are entering your information. No data entered by you while completing this application is passed through the Internet.

For your own privacy protection we ask that you DO NOT send the application to the Credit Union via email. After you complete the form, print and mail it to the Credit Union or bring it in to an office near you to speak directly with a member service representative.

Thank you for considering membership in The Ohio Educational Credit Union. We look forward to assisting you in building your financial future.

Membership Application

Please print legibly and complete all pertinent information as incomplete applications will delay the availability of services.

Membership Eligibility (please check your selection)

Membership in OECU is made available to:

- Employees, retirees of public and private educational systems within Ohio
- Students, alumni of public and private educational systems within Ohio
- Individuals providing or engaged in an educational service or activity
- Families of current members
- 400+ other businesses/organizations (contact any OECU office to verify eligibility)

Member Number

Services (please check your selection)

Please open the following accounts under my membership number:

- Checking
- Quick-Cash Overdraft Protection Loan
- STAR ATM or VISA® Check Card (circle one)
- "Toni" (Audio Response)
- Internet Banking
- Money Market
- Special Purpose Account
- Holiday Account
- Vacation Club Account
- Summer Reserve Pay

Please send additional information on:

- Direct/Deposit or Payroll Deductions
- Term Share Certificates
- IRA Plans
- Auto Loans/Leases
- Student Loans
- First Mortgages
- Home Equity Loans
- Personal Loans
- 2nd Mortgages
- VISA® Cards

Preferred Contact Method (please check your selection)

- Email
- Home Phone
- Business Phone
- Cell Phone
- No Preference
- DO NOT Contact

Primary Owner Applicant: Mr. Mrs. Ms.

Married Yes No

Social Security Number _____

Full Name _____ Phone (____) _____ Cell (____) _____
(first, middle initial & last)

Present Address _____ Rent Own _____ Years at Present Address _____ Date of Birth _____

City _____ State _____ Zip _____ E-mail _____

Driver's License / State ID Number _____ State Issuing License / ID _____ Mother's Maiden Name _____
(circle one) (surname only)

Previous Address _____ City _____ State _____ Zip _____ Years at Previous Address _____
(if current is under 2 years)

The application information below will be used for validation of eligibility

Employer _____	Work Phone (____) _____
Address _____	City _____ State _____ Zip _____
Years at Current Employer _____	Position _____ Date Retired (from) _____
School, College or University Name _____ <small>(please complete if basis for membership eligibility)</small>	Location (city) _____ Most recent year attended or year of graduation _____
Name of Relative Member _____ <small>(please complete if basis for membership eligibility—a relative is defined as spouse, natural or adopted child or stepchild, parent, grandparent, grandchild, brother or sister)</small>	Member Number _____
Relative Member Address _____	City _____ State _____ Zip _____
Organization Name _____ <small>(please complete if basis for membership eligibility)</small>	Organization Location (city) _____

Joint Owner Applicant (if applicable): Mr. Mrs. Ms.

Married Yes No

Social Security Number _____

Full Name _____ Phone (____) _____ Cell (____) _____
(first, middle initial & last)

Present Address _____ Rent Own _____ Years at Present Address _____ Date of Birth _____

City _____ State _____ Zip _____ E-mail _____

Driver's License / State ID Number _____ State Issuing License / ID _____ Mother's Maiden Name _____
(circle one) (surname only)

Relationship to Primary (if any) _____ Employer _____

Beneficiary Designation:

The Beneficiary designation specified on this document will apply to all accounts opened for the member number assigned to this application, with the exception of Individual Retirement Accounts which require a separate Beneficiary Designation Form. For "Payable on Death" Account owners, on my death, the proceeds of this share account shall be payable to the named beneficiary or such other beneficiary as I may hereafter designate.

All accounts will be Joint with Survivorship unless otherwise identified

Member As Custodian for Minor Under the Ohio Uniform Transfer Act (UTMA)

Revocable Trust (A copy of the trust agreement must be submitted to OECU before membership will be approved. These forms can be submitted independent of this application for membership.)

Beneficiary Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Disclosures

- I am subject to backup withholding
- I am exempt from backup withholding
- I am not a United States citizen or resident (complete W-8BEN form)

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under the penalties of perjury, that the Social Security Number/Taxpayer ID number shown on this form is my/the correct identification number and that I am NOT, unless designated, subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding, and 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 certification required to avoid backup withholding.

By signing below, I hereby make application for membership in and agree to conform to the Bylaws, as amended, of The Ohio Educational Credit Union, Inc. (OECU). I certify that: I am within the field of membership of OECU; the information provided on this application is true and correct; and my signature on this application applies to all accounts under my name at OECU. I acknowledge receipt of a copy of the agreement and disclosure applicable to the accounts and services requested herein. If I am applying through the mail, I understand OECU will mail these disclosures within 20 days of approval of this application. Upon receipt of the disclosures, if I choose to immediately close these accounts, I understand that I will incur no penalties or adverse action from OECU if the membership is immediately closed. 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 an account. For you this means when you open an account, 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 other identifying documents. My signature grants OECU permission to obtain a credit bureau or E-funds (eFundsSM) report at OECU's discretion, and to use the information provided in this application to confirm my eligibility for membership and services provided in OECU. All accounts opened under this membership are subject to underwriting guidelines.

- I DO NOT want to receive any marketing material from The Ohio Educational Credit Union. I understand that I will receive statements and regulatory notices from OECU as required by law. **If this box is NOT checked, I understand that I WILL receive marketing material from OECU in the preferred manner indicated on the previous page.**

Applicant Signature _____ Date _____

Co-Applicant/Custodian Signature _____ Date _____

Membership applications require proof of signature and photo I.D. The application must be signed in the presence of a Notary Public.

IN WITNESS WHEREOF, the individual has executed the application for membership.

STATE OF _____, County of _____, ss:

On this _____ day of _____, 20____, before me, a Notary Public in and for said County and State, personally appeared _____

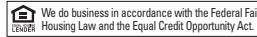
_____, the individual(s) who executed the foregoing instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

(stamp notary seal here)

My Commission expires _____ Notary Public _____

OECU Membership Service Center (877) 322-6328



THIS INSTITUTION IS NOT FEDERALLY INSURED. MEMBERS' ACCOUNTS ARE NOT INSURED OR GUARANTEED BY ANY GOVERNMENT OR GOVERNMENT-SPONSORED AGENCY.

Credit Union Use Only:

Date Received _____ Group ID # _____ Member # _____ School ID Number _____

Date Opened _____ Chex Systems Response _____ OECU Representative Name _____

OECU Representative Number _____ OECU Representative Signature _____

©2009 OECU

Printed in U.S.A.

1009

THE OHIO EDUCATIONAL CREDIT UNION

Building your financial future
 THE OHIO EDUCATIONAL CREDIT UNION
 www.ohioedcu.com



Membership Application