

# Member Service Agreement

Part 1



**Eagle Express**  
FEDERAL CREDIT UNION

PO Box 567  
Jackson, MS 39205  
PH: 601-355-6363  
TF: 800-698-7570  
eagleexpressfcu.com

## OWNER INFORMATION (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.)

1

Owner 1 Name	Address	City	State	ZIP
Home Phone	Mobile Phone	Mailing Address (if different from physical address)	City	State ZIP
E-mail	Social Security Number	Date of Birth	Employer/Retired From	
Mother's Maiden Name	Driver's License - State, Number & Issue and Exp. Date	<input type="checkbox"/> MIP	Password	

ACCOUNT(S)	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
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## CERTIFICATE ACCOUNT ANNUAL PERCENTAGE YIELD (APY), RATE & TERMS (As Applicable)

3

Term	Amount	Source of \$	Rate	Annual % Yield	Maturity Date
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**Dividends to:** Remain in Certificate Account **On Maturity:** Funds are deposited in your Regular Savings Account

SERVICE(S)	<input type="checkbox"/> Debit Card (Card Valet)	<input type="checkbox"/> Audio Teller	<input type="checkbox"/> Eagle Express Web (eStatements, Mobile, Bill Pay, POPMoney, Alerts)	<input type="checkbox"/> Pay OD for Debits	4
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## MULTIPLE OWNER(S) INFORMATION (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.)

5

Owner 2 Name	Address	City	State	ZIP
Home Phone	Mobile Phone	Social Security Number	Date of Birth	E-mail Address
Employer/Retired From	Mother's Maiden Name	Driver's License - State, Number & Issue and Exp. Date	<input type="checkbox"/> MIP	

Owner 3 Name	Address	City	State	ZIP
Home Phone	Mobile Phone	Social Security Number	Date of Birth	E-mail Address
Employer/Retired From	Mother's Maiden Name	Driver's License - State, Number & Issue and Exp. Date	<input type="checkbox"/> MIP	

## BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People or organizations that may receive funds remaining in the account(s) on the final owner's death.)

6

Beneficiary/POD Payee 1 Name	Relationship	Beneficiary/POD Payee 2 Name	Relationship	Beneficiary/POD Payee 3 Name	Relationship
Beneficiary/POD Payee 4 Name	Relationship	Beneficiary/POD Payee 5 Name	Relationship	Beneficiary/POD Payee 6 Name	Relationship

**TAX INFORMATION CERTIFICATION** By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

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

**ACKNOWLEDGMENT** Owner 1 is or applies to be a member of Eagle Express Federal Credit Union ("we", "us" & "our"), or is authorized to take action, according to our Member Service Agreement (the MSA Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Charges disclosures (and which, along with our records, comprise the terms of the MSA). Part 2 has been emailed to Owner 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. Because you control how the funds in account(s) with us are disbursed on your death, you irrevocably waive the right to dispose of funds in account(s) by will. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand an owner may conduct transactions on and take action to start, maintain, change, add or terminate accounts, products and services, as explained in Part 2 of the MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours, and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding (in Section 7 above).

Owner 1 Signature	Owner 2 Signature	Owner 3 Signature
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I agree to be removed as an Owner

State of \_\_\_\_\_ in the county of \_\_\_\_\_. Notary \_\_\_\_\_

This Agreement was signed before me on \_\_\_\_\_ Commission Expires \_\_\_\_\_

by \_\_\_\_\_  
Name(s) of Owner(s)

OFFICE USE ONLY	CU Employee Name	Field of Membership	Date	<input type="checkbox"/> Page 1 of 2
	<input type="checkbox"/> OIC/AIT			