

ELIGIBILITY

- Current Member Employer _____ Live, work, worship or attend school in service area.
 Immediate family member of, or reside with a member. Member's Name/Relationship: _____

GENERAL INFORMATION

Primary Owner's Name: _____ DOB: _____ M or F
Social Security #: _____ Driver's License OR State ID #: _____ DL/ID State: _____
Mailing Address: _____ City/State/Zip: _____
Physical Address: _____ City/State/Zip: _____ How Long? _____
Home #: _____ Cell #: _____ Email: _____
Best times to reach you: _____ Best way to reach you: _____
Employer: _____ Position: _____ How Long? _____
Work #: _____ City/State/Zip: _____

JOINT OWNER INFORMATION (OPTIONAL)

Joint Owner's Name: _____ DOB: _____ M or F
Social Security #: _____ Driver's License OR State ID #: _____ DL/ID State: _____
Physical Address: _____ City/State/Zip: _____ How Long? _____
Home #: _____ Cell #: _____ Email: _____

Please select all that you are applying for below.

SAVINGS ACCOUNTS

- Membership/Share Savings - Minimum opening deposit \$5 Additional Savings - Minimum opening deposit \$5
 Club Account - No Minimum deposit

CHECKING ACCOUNTS

- Eagle Eye Checking - Minimum opening deposit \$25 Economy Checking - Minimum opening deposit \$25
 Advantage Checking - Minimum opening deposit \$25 Eagle Visa Debit Card - Free with all Eagle Checking accounts
 180 Checking - Minimum opening deposit \$25

OVERDRAFT PROTECTION

- By Share¹ By VISA² By Share¹ & VISA² None

¹ Reg D limits the number of withdrawals and transfers from a savings account to six per month. This includes transactions by phone, online, ACH, and overdraft protection applying to all checking accounts.

² To sign up for overdraft protection by VISA, you must submit a separate application for an Eagle VISA Credit Card. Ask how you can apply.

- Yes, I would like my debit card transactions covered under Courtesy Pay.³
 No, I would not like my debit card transactions covered under Courtesy Pay.³

³ Courtesy Pay allows items drawn against your checking account to be paid when the money is not there as detailed in the Master Account Agreement. Normal NSF fees apply.

When submitting the application, be sure to include a clear copy of a current Driver's License or State Issued ID for each signer along with the minimum opening deposit.

_____ Credit Union Use _____

Completed by Eagle Federal: Member #: _____ Opened by: _____ Date: _____

USA Patriot Act ID Verified by: _____ Census tract for underserved eligibility: _____

AUTHORIZATION & AGREEMENT & TAXPAYER IDENTIFICATION NUMBER (TIN) CERTIFICATION & BACKUP WITHHOLDING INFORMATION - SIGNATURE REQUIRED

By signing below, I/we certify that all information herein is true and correct, and I/we authorize Eagle Louisiana Federal Credit Union to verify or obtain further information the credit union may deem necessary concerning my credit standing and deposit history. I/we agree to subscribe for at least one (1) share in the Credit Union. I/we acknowledge receipt of and agree to abide by all terms and conditions of the Master Account Agreement, Truth-in-Savings Rate and Fee Schedule, and to any amendment the Credit Union makes from time to time, which are incorporated herein. I/we authorize the credit union to obtain credit reports in connection with this application, for any update, renewal/extension of credit or services, and for the purpose of verifying identification in compliance with the USA Patriot Act of 2002. In order to comply with the U.S. Patriot Act, effective October 25, 2002, Eagle Louisiana Federal Credit Union is required to verify the identity of members applying for and opening new accounts or services with the credit union. Information we are required to obtain and verify includes name, residential address, tax identification number and date of birth. Additional data may also be gathered depending on the type of account applied for or opened. The Act requires us to maintain records of the identification verification and periodically update this information. Confidentiality of the information maintained by the credit union will be maintained as required under the Privacy Act.

TIN Certification: Under penalties of perjury, I certify that: **1.** The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issue to me); and **2.** I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and **3.** I am a U.S. citizen or other U.S. person including a U.S. resident alien, a partnership, corporation, company, or association created or organized in the U.S. or under the laws of the U.S., an estate (other than a foreign estate) or a domestic trust as defined in Regulation section 301.7701-7; and **4.** The FACTA code(s) entered on this form (if any) indicating that I am exempt from FACTA reporting is correct. Exempt payee code (if any) _____ Exemption from FACTA reporting code (if any) _____

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide the correct TIN.

Cross out item 3 if it does not apply.

✓
Member Signature (Required) _____ Date _____

✓
Joint Owner Signature _____ Date _____

Joint owners/signers designated above are authorized on all accounts established using this application. Separate applications must be used to establish different authorities for different accounts.