

**TVA Community Credit Union**

TVA Reservation
 Muscle Shoals, AL 35662-1010
 (256) 386-3000
 Fax (256) 248-0691

**MEMBERSHIP, ACCOUNT AND
LOAN APPLICATION AND ACCOUNT CARD**

Check One: New Application Change in Account

PLEASE TELL US ABOUT YOURSELF**I WOULD LIKE TO OPEN THE FOLLOWING ACCOUNTS:**

- Share/Savings Account Club Account Share Draft/Checking Account
- Share Certificate with the following term:
- 6 months 9 months 12 months 18 months 24 months 30 months 36 months 48 months 60 months
- IRA Savings IRA Certificate with the following term: __ months __ months __ months

Credit Union Use Only:

Member No. _____
 Account No. _____

I AM:

- An Existing Member.** My member or account number is: _____.
- A New Member.** I qualify for membership because I:
- live work worship attend school in _____ County.
- I am an immediate family member of a current member, or reside in the same household.
 Current member name: _____ Relationship to current member: _____.
- I am employed at the following company: _____.

I AM THE PRIMARY ACCOUNT OWNER. MY INFORMATION IS AS FOLLOWS: (existing members need only complete name & SSN)

LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)				APT/UNIT #	CITY	STATE	ZIP
YEARS AT RESIDENCE	<input type="checkbox"/> RENT <input type="checkbox"/> OWN		MONTHLY PAYMENT \$				
DRIVER'S LICENSE NUMBER			STATE OF ISSUE	DATE OF BIRTH	PLACE OF BIRTH		
<input type="checkbox"/> I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: <input type="checkbox"/> Government-issued ID Card, No. _____, State: <input type="checkbox"/> U.S. Military ID Card, No. _____ <input type="checkbox"/> U.S. Passport, No. _____ <input type="checkbox"/> Permanent Resident Card, No. _____ <input type="checkbox"/> Other, Describe: _____							
EMPLOYER'S NAME AND ADDRESS					POSITION/TITLE	GROSS MONTHLY SALARY	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER		HOME E-MAIL ADDRESS		WORK E-MAIL ADDRESS	

 I WOULD LIKE THE FOLLOWING JOINT OWNER ON MY ACCOUNT (do not complete if you will be the only owner on the account):

LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)				APT/UNIT #	CITY	STATE	ZIP
YEARS AT RESIDENCE	<input type="checkbox"/> RENT <input type="checkbox"/> OWN		MONTHLY PAYMENT \$				
DRIVER'S LICENSE NUMBER			STATE OF ISSUE	DATE OF BIRTH	PLACE OF BIRTH		
<input type="checkbox"/> I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: <input type="checkbox"/> Government-issued ID Card, No. _____, State: <input type="checkbox"/> U.S. Military ID Card, No. _____ <input type="checkbox"/> U.S. Passport, No. _____ <input type="checkbox"/> Permanent Resident Card, No. _____ <input type="checkbox"/> Other, Describe: _____							
EMPLOYER'S NAME AND ADDRESS					POSITION/TITLE	GROSS MONTHLY SALARY	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER		HOME E-MAIL ADDRESS		WORK E-MAIL ADDRESS	

**IF YOU HAVE ADDITIONAL JOINT OWNERS, PLEASE ATTACH A SEPARATE SHEET WITH THE REQUESTED INFORMATION.
 ALL JOINT OWNERS MUST SIGN THIS APPLICATION.**

(Optional) I would like the following Payable-on-Death Beneficiary, who will receive the funds in this account if I die (or, on a joint account, when all joint owners die):

POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NUMBER.
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ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:

- Debit/Check Card** attached to my Checking Account (use at ATMs and for purchases at places that accept the Card)
 - Additional Card for Joint Owner.
- ATM Card** (use to withdraw/deposit money at ATMs) attached to my Savings Account
 - Additional Card for Joint Owner
- E-Statements:** Yes, send me my statements in electronic format to my e-mail address listed below. I understand that I will not receive paper statements via U. S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Statement service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the statements in PDF format. Please send statements to the following e-mail address: _____
- E-Notices:** Yes, send me notices such as change-in-terms or certificate renewals in electronic format to my e-mail address listed below. I understand that I will not receive paper notices via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Notice service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the notices in PDF format. Please send notices to the following e-mail address: _____
- Audio Response** is available to all members by phoning (256) 386-3111 or (800) 992-0223 .
- Home Banking and Bill Pay** are available by logging on to our website and following the instructions.

OVERDRAFTS

Please tell us how you would like overdrafts to be treated by completing the following:
(You must complete BOTH this section and the "What You Need to Know about Overdrafts and Overdraft Fees" form)

1. **Overdraft Protection Plan.** Under the Overdraft Protection Plan, I may authorize you to pay transactions that would cause an overdraft of my checking account by transferring funds from an existing savings account, or by advancing funds from a line of credit. If I elect Overdraft Protection, you will look to this plan for funds to cover my overdrafts before you use your standard overdraft procedures. If I choose not to elect Overdraft Protection, or I have insufficient funds in my account or insufficient credit available on my line of credit to cover the overdrafts, then your standard overdraft practices will govern. Under those practices, you may (but don't have to) pay checks and automatic bill payments that cause overdrafts; if you do so, you will charge me a fee. If an ATM transaction or one-time debit card transaction causes the overdraft, I must tell you if I want you to pay such transactions or to decline such transactions. (See "What You Need to Know About Overdrafts and Overdraft Fees" attached to this Application.)
 - Yes, I would like Overdraft Protection. Please pay any overdrafts in my checking account by withdrawing deposit account funds or charging the loan account. I understand that overdrafts will be charged to my line of credit first. If there is not enough credit available on the line, the overdraft will be paid from my share/savings account. If the overdraft is paid from my share/savings account, I will be charged a fee of \$33.
 - No thanks; I will use your standard overdraft practices.
2. **Standard Overdraft Practices.** Please complete the "What You Need to Know about Overdraft and Overdraft Fees" document attached to this Application.

CONSUMER LENDING PLAN

STATE NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS: Marital Status: Married Unmarried Legally Separated

If married: the name of my spouse is _____

Spouse's SSN: _____ Spouse's Address (if different) _____

Notice: No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened.

MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT: By signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).

X _____

If you would like to apply for the Consumer Lending Plan, please do the following:

1. Pick the type of Plan you would like:
 - Yes, I'd like to apply for the Consumer Lending Plan.** I would like (check 1 box):
 - An Individual Plan for the Primary Account Owner listed on page 1. - **OR** -
 - A Joint Plan for the Primary Account Owner and the following Joint Owner: (name): _____
We intend to apply for joint credit. _____ (Borrower's initials) _____ (Co-Borrower's initials)
2. Read the Truth-in-Lending Disclosure Statement and Credit and Security Agreements provided with this Application.
3. Read and sign the Agreement to Terms on page 3.

AGREEMENT TO TERMS - CONSUMER LENDING PLAN

If your loan application is approved, by signing below, you agree to the following terms:

"You", "Your" and "Borrower", means any person who executes the Plan by signing the Consumer Lending Plan, or any person who endorses a proceeds check or otherwise accepts, accesses, or uses Plan funds. "We", "us", "our" or "Credit Union" means TVA Credit Union.

How the Plan Works. This Consumer Lending Plan has a variety of subaccounts under which you may take various types of loans (called "advances"). Some subaccounts may be revolving (e.g., Personal Line of Credit). The credit available under these subaccounts will replenish as you pay down the balances. Other subaccounts are single-advance subaccounts such as New Auto. These subaccounts will not replenish and will have a set term.

Binding Contract. This Consumer Lending Plan, which includes the Credit Agreement, Security Agreement, Truth-in-Lending Statement, and all Advance Receipts ("Plan"), becomes a binding legal contract with regard to each advance as soon as you take an advance, and will govern the terms of all loans that you obtain under the Plan. You only sign once to open the Plan; thereafter, you may request additional advances without signing any paperwork unless requested by us. You become obligated on a particular advance when you receive the advance proceeds or the benefits thereof.

By signing below, you are:

- 1. Agreeing to repay all loans you take.** All loans you take under the Plan must be paid back, even if you don't sign any paperwork at the time of the loan.
- 2. Pledging your shares and deposits in the Credit Union.** If you default, we may apply the shares and deposits in your accounts to the amount you owe us. We may also prevent you from withdrawing shares or deposits if you are in default, or, in the case of a share-secured or deposit-secured loan, if such withdrawal would cause your balance to fall below what you owe. Your pledge and our lien rights do not include any IRA, Keogh or other account which would lose special tax treatment if pledged. Please see the Security Agreement for complete details.
- 3. Granting a security interest in all property you purchase or otherwise pledge.** If you default on any subaccount under the Plan, we may seize and sell any property you have purchased or pledged under that subaccount or any other subaccount. **Cross-Collateralization:** All other collateral you have pledged for any other loan with us (except your home and household goods) will also secure this Plan. **Release of Lien:** We will not release a lien on any of the collateral you have pledged if you are delinquent or in default on any of your subaccounts. For example: If you are in default of your line of credit subaccount, we will not release our lien on your vehicle loan, even if the vehicle loan is paid in full. Please see the Security Agreement for complete details.

Interest Rates and Fees. The rates and fees that apply to your subaccounts are disclosed on the separate Truth-in-Lending Statement and/or Advance Receipt.

BORROWER'S ACKNOWLEDGEMENT & SIGNATURES

By signing below, you understand and agree as follows:

Acknowledgement: You acknowledge that you have read, understand and accept the terms and conditions of the Consumer Lending Plan, Credit Agreement, Security Agreement, and have received copies of these documents. You also understand that you will receive a Truth-in-Lending Statement, at the time of a single-disbursement advance, and at the time you open a revolving subaccount. You agree to be bound by all Advance Receipts or similar documents and the Truth-in-Lending Statements, and understand that by endorsing any advance proceeds check, or by otherwise accepting, using or accessing my advance proceeds, you are bound to the aforementioned documents.

SECURITY INTEREST: You understand and agree that, in exchange for all loans you may receive under this Plan, that you grant a security interest in any and all property that you purchase or otherwise pledge for those loans. This means we will have a lien on that property and may seize and sell the property if you are in default on any loan under this Plan. You understand and agree that the property will be described on the Advance Receipt that you receive at the time of the advance, and that this collateral description is incorporated as a valid part of granting this security interest. You understand and agree to the security interest even though the property will be described at a later date and even though you do not sign the Advance Receipt.

NOTICE TO CONSUMER: THIS IS A CONSUMER CREDIT TRANSACTION. (A) DO NOT SIGN ANYTHING BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. (B) YOU ARE ENTITLED TO AN EXACT COPY OF ANY AGREEMENT YOU SIGN. (C) YOU HAVE THE RIGHT AT ANY TIME TO PAY IN ADVANCE THE UNPAID BALANCE DUE UNDER THIS AGREEMENT.

BORROWER'S SIGNATURE _____ DATE _____
X

CO-BORROWER'S SIGNATURE _____ DATE _____
X

TIN AND BACKUP WITHHOLDING CERTIFICATION Complete the following section:

Under penalties of perjury, I certify that the number on this Application as my Social Security Number or TIN is my correct taxpayer identification number, and that (check applicable boxes):

- I am not subject to backup withholding due to failure to report interest and dividend income
- I am subject to backup withholding
- I am a U.S. Citizen
- I am not a U.S. Citizen and agree to complete a W-8 or other applicable form.

AUTHORIZED SIGNATURES

By signing below, I am applying for membership in the credit union and/or for the accounts and services indicated. I certify that all information provided in this Application is true and complete to the best of my knowledge. I agree to abide by the Bylaws and other rules of the credit union and agree not to cause any loss to the credit union. I acknowledge receipt of, and agree to the terms of, the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, and MasterCard Disclosures and to any amendments made thereto.

I also authorize you to check my employment and credit history and to obtain credit reports in connection with this Application and from time to time to determine my eligibility for credit union products and services, and I acknowledge that you may share information pertaining to my accounts with credit bureaus and others as allowed under applicable law.

Permission to contact: By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including autodialed and prerecorded message calls, from the credit union or its third party debt collector at that number.

Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.

IMPORTANT NOTICE 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 an account. This means that 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 will also ask to see your driver's license or other identifying information.

THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

SIGNATURE OF PRIMARY ACCOUNT OWNER (Do Not Print)	DATE
X	

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

CREDIT UNION USE ONLY

CIP: Verification Completed by: Document described in App
 Non-Documentary 3rd Party Verification (credit bureau, etc. - describe:)
 Reference from Contacted member by Phone Mail E-mail
 Discrepancy/Not Verified (describe): TIN Applied for but not yet received

Services approved: Plan Check Card ATM Card Overdraft Protection
 Special Account - additional paperwork received

State: _____
County: _____

I, the undersigned authority, a notary public in and for said county in said state, hereby certify that _____, whose name(s) is/are signed to the foregoing instrument and who is/are known to me, acknowledged before me on this day that, being informed of the contents of the foregoing instrument, he/she/they executed the same voluntarily on the day the same bears date. Given under my hand and official seal on this _____ day of _____.

Notary Public: _____

My commission expires: _____