



The USA Patriot Act

Air Force Federal Credit Union
1560 Cable Ranch Road, Ste. 200 · San Antonio TX 78245
GoAFFCU.com · 210.673.5610 · 800.227.5328 · FAX 210.678.5291

As required by the USA Patriot Act

IMPORTANT INFORMATION 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.

What this means for you:

- 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.

Thank you for your cooperation and for joining us in securing a safer tomorrow.



Instructions for Becoming a Member

Air Force Federal Credit Union
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To become a member of Air Force Federal Credit Union (AFFCU), please send us the following:

1. A completed Application for Membership (attached)
2. A copy, front and back, of your Social Security card
3. A copy, front and back, of your driver's license (or other valid photo ID)
4. An opening deposit of \$5.00 to establish your Share Savings Account. This \$5.00 must remain in your Share Savings Account at all times—it is what qualifies you to be a credit union member.
5. If you want to open a checking account at this time, we will need an additional opening deposit of \$25.00 to establish your checking account.

Application for Membership

Print out the Application for Membership. Complete it using the following helpful information.

Section 1— You must complete and sign as the Primary Account Holder. Refer to the Membership Link on AFFCU's home page for eligibility information.

Section 2— Optional section. If you want a Joint Owner on this account, this section must be completed and signed by both you and the Joint Owner. We will also need copies of the front and back of both the Joint Owner's Social Security card and driver's license (or other valid photo ID).

Section 3— Optional section. The Primary Account Holder may designate a person as payee in the event of death of the Primary and Joint Owner.

Section 4— To open a checking account with us, both the Primary Account Holder and Joint Owner (if designated) must sign. Contact us if you wish to order checks. Select your Overdraft Protection Option.

Section 5— The Primary Account Holder is required to complete and sign that you are not subject to backup withholding.

Section 6— The Primary Account Holder completes to order a Visa® Debit Card. Select your PIN.

Section 7— Sign up for MAT, our free 24-hour Member's Automated Telephone Teller. Select your PIN for MAT. It can be the same PIN as in Section 6.

Section 8— Complete for CyberMAT access, our free on-line banking service. The CyberMAT disclosure can be found on the Online Banking Link on the credit union's home page. Remember to fill in your PIN.

Section 9— Complete this section if you want to be able to transfer money from your accounts to the accounts of other AFFCU members via MAT or CyberMAT.

Section 10— New Account Referral Promotion Codes. If you have received a New Account Referral Card from an AFFCU representative, a valid promotion code qualifies you for the initial \$5.00 deposit needed to open your Share Savings Account —on us. Find the promotion code on the back of the card and write it in the box (mandatory) and include the referring teller number (if available). You do not need to send us \$5.00 to open your Share Savings Account if you submit a valid promotion code.

Mail the completed, signed documents with your initial deposit(s) and a copy of your and your joint owner's Social Security card(s) and driver's license(s) to the address below. A New Member Packet will be mailed to you that includes your Account Number Card(s). Your Visa Debit Card will be mailed to you under separate cover.

Mail to: Member Services
Air Force Federal Credit Union
1560 Cable Ranch Road, Suite 200
San Antonio, Texas 78245
memberservices@airforcefcu.com



Application for Membership

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Section 1

PRIMARY ACCOUNT HOLDER INFORMATION		
NAME	ACCOUNT NUMBER (Credit Union Will Fill In)	
ADDRESS (Street - City - State - Zip)		
MEMBERSHIP ELIGIBILITY IS BASED ON	SOCIAL SECURITY OR TAX ID#	
DRIVER'S LICENSE (State/Number)	DATE OF BIRTH	HOME PHONE
EMPLOYER NAME / OCCUPATION	MOTHER'S MAIDEN NAME (Last Name Only)	
EMPLOYER / OCCUPATION ADDRESS	WORK PHONE	
<p>I hereby apply for membership and subscribe for at least one share in the AIR FORCE FEDERAL CREDIT UNION. I agree to conform to Air Force Federal Credit Union's procedures and policies now in effect and as adopted hereafter, and agree to pay any charges or fees which may be required or assessed under such policies. I understand that the Credit Union may request a consumer credit report in connection with this application. I understand that it is a federal crime to deliberately provide incomplete or incorrect information to Federal Credit Unions insured by the NCUA.</p>		
PRIMARY SIGNATURE: X		DATE:

Section 2

JOINT OWNER INFORMATION		
NAME	SOCIAL SECURITY OR TAX ID#	
ADDRESS (Street - City - State - Zip)		
DATE OF BIRTH	DRIVER'S LICENSE (State/Number)	HOME PHONE
EMPLOYER NAME / OCCUPATION & ADDRESS		WORK PHONE
JOINT ACCOUNTS AGREEMENT		
<p>We agree with each other and Air Force Federal Credit Union that all funds paid into or deposited in this account, including any earnings thereon, shall be owned by us jointly, with the right of survivorship. On the death of one party to this joint account, all sums in the account on the date of the death vest in and belong to the surviving party as his or her separate property and estate. If we are married to each other, any sums in this account which constitute community property become the property of the surviving spouse on the death of a spouse.</p> <p>Payment of funds in this account may be made upon the request by any of us. Any payments made at the request of us or any other person with the right to request payment discharges the credit union from any liability for such payments. We agree that this account and agreement are subject to any and all rules, regulations, bylaws, and policies of the credit union now in effect and as amended or adopted hereafter, and agree to pay any charges or fees which may be required or assessed under such rules, regulations, bylaws, and policies.</p> <p>The joint owners of the account agree that Air Force Federal Credit Union may, without prior notice to any such owners, withdraw funds from this account or any other accounts they may have with the credit union, and apply such funds to any indebtedness of any of the owners to the credit union.</p>		
PRIMARY NAME (PLEASE PRINT)	PRIMARY SIGNATURE X	
JOINT OWNER NAME (PLEASE PRINT)	JOINT OWNER SIGNATURE X	
JOINT OWNER NAME (PLEASE PRINT)	JOINT OWNER SIGNATURE	
AFFCU MEMBERSHIP OFFICER SIGNATURE	DATE	

PAYABLE ON DEATH (P.O.D.) ACCOUNT AGREEMENT		
I (we) agree with the Air Force Federal Credit Union that the person(s) named below is (are) designated as P.O.D. payee(s). Upon my death (the death of the last survivor of us), all funds shall be owned by the P.O.D. payee(s) surviving. Any P.O.D. payee surviving shall have the right to request payment of all or any portion of the funds in the account. Any payment on such payee's request discharges the credit union from any liability for such payment.		
PRIMARY SIGNATURE: X		DATE:
NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
1.		
2.		
3.		

DRAFT/CHECKING AGREEMENT	
I (we) hereby authorize the Air Force Federal Credit Union to establish this Draft/Checking Account for me/us. The Credit Union is authorized to pay drafts signed by me (or by any of us listed below) and to charge all such payments against the Draft/Checking Account. I/We agree to the terms and conditions of the Account which I/we have been provided. We understand that if this is a joint owner account, the provisions of the Joint Account Agreement apply to this account also.	
DRAFT/CHECKING ACCOUNT NO. (Credit Union Will Fill In):	
PRIMARY SIGNATURE: X	DATE:
JOINT OWNER SIGNATURE:	DATE:
JOINT OWNER SIGNATURE:	DATE:
OVERDRAFT PROTECTION OPTIONS	
Please choose your option by placing your initials in the appropriate blank:	
<input type="checkbox"/> 0.	NO TRANSFERS I/We choose that the Credit Union not pay drafts or ACH transactions for which there are not sufficient funds available in this draft account. I am aware that checks that have been deposited may be on hold and the amounts on hold are not available to pay checks that I/we may have written.
<input type="checkbox"/> 1.	SHARE I/We authorize Air Force Federal Credit Union to transfer funds from shares when needed to pay a check or ACH item drawn on this account. If the available balance in shares is sufficient to cover the amount needed to pay the item(s) plus the transfer fees, then the amount needed will be transferred; otherwise, the item(s) will be returned as not sufficient funds available. For purposes of any such advance, the signature of any of the undersigned on an item shall be deemed to be the signature of the person entitled to request and authorize such transfer. I/We further understand that an annual overdraft protection service fee and a per day overdraft transaction fee will be administered as disclosed in the Fee Disclosure.
<input type="checkbox"/> 2.	REDI-CREDIT (Redi-Credit Option requires a loan application) I/We authorize Air Force Federal Credit Union to transfer funds from Redi-Credit when needed to pay a check or ACH item on this account. If such funds are not available, and if the undersigned person whose share account number is listed above is eligible to receive advances under a line of credit loan account with the same membership number as the share account shown by number above from this credit union, the item in question shall be deemed to constitute a signed request for an advance under such account in the exact amount required to permit the credit union to honor the item. For purposes of any such advance, the signature of any of the undersigned on the item shall be deemed to be the signature of the person entitled to request and receive such advances. I/We further understand that an annual overdraft protection service fee and a per day overdraft transaction fee will be administered as disclosed in the Fee Disclosure.

Section 5

TAXPAYER IDENTIFICATION NUMBER (TIN)

Enter your TIN in the appropriate box:

Social Security Number	OR	Employer Identification Number
-		-

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 issued 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 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.
3. The payee is a U.S. person.

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Primary Signature: **X** _____ Date: _____

Section 6

VISA DEBIT CARD APPLICATION

MEMBER NAME	ACCOUNT NUMBER
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ADDITIONAL CARDHOLDERS (MUST BE JOINT OWNERS)

NAME (PLEASE PRINT)	NAME (PLEASE PRINT)
1.	2.

I hereby make application for the Air Force Federal Credit Union ("Credit Union") VISA Debit Card to access the accounts indicated above. I will select my Personal Identification Number (PIN) and be responsible for keeping it a secret. I will not write it on anything, tell my PIN to anyone, or allow anyone to watch when using it. In addition, I hereby authorize you to provide a Debit Card to the Joint Owner(s) named on this application. I am aware and agree that any joint owner may obtain and use my Debit Card on this account. I further understand that when using another financial institution's ATMs, I may be charged a fee by them for using their ATM. If I am charged a fee, it should be disclosed by the institution prior to completing any transaction and, that by completing my transaction, I am agreeing to the fee being charged. I also understand that I will be charged a fee by the Credit Union when using an ATM not owned by the Air Force Federal Credit Union.

I certify that all of the information I have provided above is true and complete. By signing below, I agree to be bound by the Air Force Federal Credit Union Electronic Funds Transfer (EFT) Agreement and Disclosures which detail my liability and responsibility in the use of the Debit Card and for reporting the loss or theft of the Debit Card. I understand that the EFT Agreement and Disclosures will be provided to me before I receive my Debit Card. I further agree that my use of a Visa Debit Card is subject to the Credit Union's Account Agreement, rules, policies, and bylaws now in effect and as amended from time to time.

PRIMARY SIGNATURE X	DATE
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Select your four-digit Personal Identification Number below. For your protection, Air Force Federal Credit Union will destroy this portion of your application after it has been processed. Once assigned, this PIN can only be changed by bringing the card into one of the Credit Union offices.

FOR OFFICE USE ONLY

Processed by: (Employee signature) _____ Date _____

**SELECT YOUR
PIN:**

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MAT (Members Automated Telephone Teller) APPLICATION

I hereby make application for MAT. I understand that only the primary account owner may apply for MAT service or request, in writing, a replacement Personal Identification Number (PIN). Only one MAT PIN will be issued per account. Any access to the account by primary or joint owners is authorized. It is my understanding that my PIN may be used to perform certain account inquiries and/or transfers from remote locations using a touchtone phone and for such other transactions as may become available. I am responsible for the safekeeping of my PIN, which I selected, and for all transactions by use of MAT. I will notify Air Force Federal Credit Union immediately and send written confirmation of any loss or theft of my PIN. I understand if I disclose my PIN to another person (whether it is through an intentional, accidental or negligent action) that I am responsible for any such transactions. I will not hold the credit union responsible for any loss or damage (not caused by the credit union's negligence) which I might incur through unauthorized transaction of any kind from my account(s) through the custody and use of my PIN. I understand that the credit union reserves the right to discontinue access to MAT without notice and will not be liable for failure to honor any MAT transactions. Amendments to this agreement may be provided to me, in accordance with applicable laws, without restatement of terms. The use of MAT is subject to such other terms, conditions and requirements as the credit union may establish from time to time. Transactions made through MAT are subject to verification by Air Force FCU.

Select Your Four-Digit PIN for MAT * (Numbers Only):

*Your PIN for MAT will become your PIN for CyberMAT should you sign up for that service. The PIN for MAT and CyberMAT will **always** be the same. For security purposes, we recommend that you change this PIN when you call MAT or logon to CyberMAT for the first time. Changing the PIN by either method will change the PIN for both services.

PRIMARY SIGNATURE

X

DATE

CYBERMAT (On-Line Banking) APPLICATION

I hereby make application for CyberMAT, Air Force Federal Credit Union's on-line banking service. By signing below, I agree that my use of CyberMAT shall be governed by the Terms and Conditions set forth in the CyberMAT Agreement as well as those in the Air Force Federal Credit Union Account Agreement. In addition, transactions involving a line-of-credit account will be subject to the terms of my loan agreement and disclosures. I agree that the Terms, Conditions and Disclosures, and any other agreements that I may enter into with AFFCU, may be furnished to me electronically by way of text messages displayed on AFFCU's web site or Internet home page. I may print and retain those Terms, Conditions and Disclosures and any agreement displayed in that manner and the Credit Union encourages me to do so. I also agree that all information provided is accurate and understand that anyone with whom I share my PIN shall be considered an authorized user. My signature also acknowledges that I understand that CyberMAT will allow me to access my AFFCU accounts online.

1. Select Your Four-Digit PIN for CyberMAT * (Numbers Only):

*Please enter the same four digits you entered for MAT, if you signed up for that service. The PIN for MAT and CyberMAT will **always** be the same. For security purposes, we recommend that you change this PIN when you call MAT or logon to CyberMAT for the first time. Changing the PIN by either method will change the PIN for both services.

2. Notification

You will be notified when CyberMAT has been activated. Allow ten (10) business days for processing. How would you like to be notified?

_____ To the following email address: _____

_____ By Regular Mail

PRIMARY SIGNATURE

X

DATE

For Office Use Only

CyberMAT Activated by: _____ Date: _____

Member notified by: _____ Date: _____

