



Checking Account Application

Instructions

1. Complete all information in section labeled Primary Owner.
2. If you wish to name a joint owner, please have that person complete the section labeled Joint Owner.
3. Select the type of checking account you want from the list on the bottom of the application.
4. Read the information on the bottom of the application BEFORE signing.
5. Both the Primary and the Joint Owner must sign and date the application.
6. Mail in enclosed postage paid envelope.



YES, I would like Capital Club Checking!

Primary Owner

Member # _____

Primary Owner Name	Social Security #	Birthdate	
Address	City	State	Zip Code
Home Phone #	Work Phone #		

Joint Owner

Joint Owner Name	Social Security #	Birthdate	
Address	City	State	Zip Code
Home Phone#	Work Phone#		

I have read, understand and agree to the disclosures on this application.

Signature Primary Owner _____ Date _____

Signature Joint Owner _____ Date _____

- I would like Direct Deposit
- Please send me a Great Card. (Your debit card and ATM card in one)
- I am interested in applying for a line of credit

E-mail Address

Checking Account Agreement

I/We hereby authorize CME Federal Credit Union (here forth identified as CME) to establish this Checking Account for me/us. CME is authorized to pay checks signed by me (or by any of us) and to charge all such payments against the share in this Account. It is further agreed that:

- (a) Only check blanks and other methods approved by CME may be used to withdraw funds from this Account.
- (b) All non-cash payments received in this Account will be credited subject to final payment of such items.
- (c) CME is under no obligation to pay a check that exceeds the fully paid and collected balance in this Account. CME may, however, at its discretion, pay such a check. If CME does pay such a check, it is agreed that one or more of the undersigned shall immediately reimburse CME, to the extent that such a check exceeds the balance in this Account. Such reimbursement shall be in cash, unless another manner of reimbursement has been authorized on the front of this card.
- (d) CME may pay a check on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the check, unless CME has, prior to presentment and with reasonable time for CME to act, received a separate notice of postdating or stop payment order concerning the check. CME is under no obligation to pay a check on which the date is more than 6 months old.
- (e) When paid, checks become the property of CME and will not be returned either with the periodic statement of this Account or otherwise. Copies of such checks will be provided, if requested, and CME may charge a fee for providing such copies.
- (f) Except for negligence, CME is not liable for any action it takes regarding the payment or non-payment of a check.
- (g) Any objection respecting any item shown on a periodic statement of this Account is waived unless made in writing to CME before the end of 30 days after the statement is mailed.
- (h) This Account is subject to CME's right to require advance notice of withdrawal, as provided in CME's bylaws.
- (i) This Account is also subject to such other terms and conditions as CME may establish from time to time. Such other terms and conditions include, without limitation, service charges for stop payment orders, checks returned for insufficient funds, and any other service as designated by CME. I/we authorize CME to run a free credit report analysis for me/us. CME may change the terms and conditions of this Account upon giving a 30-day written notice. Notice may be given by U.S. mail, first class, postage pre-paid, to my/our last known address, as reflected in CME's records. Notice to any one owner shall be notice to all owners.
- (j) If this Agreement is signed by more than one person, the persons signing shall be the joint owners of this Account which, in that event, shall be subject to additional terms and conditions contained in the joint share account agreement on the original membership card.

SWITCH KIT

It's easy to switch all of your accounts to CME! Simply follow the instructions on each form.

CHECKING ACCOUNT CLOSURE FORM
Give to your previous financial institution



Please close this checking account per my instructions below. I am switching to CME Federal Credit Union!

Previous Financial Institution _____ Checking Account Number to be closed

Name(s) on Account _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

I authorize the closure of my account effective as of this date _____

Please transfer any remaining balance to: CME Federal Credit Union
P.O. Box 267121
Columbus, OH 43226

Checking

Savings

CME Federal Credit Union Routing Number: 244077255 Account

Authorized Signature _____ Date _____

DIRECT DEPOSIT CHANGE FORM
Give to your Human Resources/Payroll Department



Please reroute my direct deposit per my instructions

Previous Financial Institution _____ Checking Account Number to be discontinued

Employee's Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

I authorize my direct deposit to be routed to CME Federal Credit Union

Checking

Savings

CME Federal Credit Union Routing Number: 244077255 Account

Authorized Signature _____ Date _____

AUTOMATIC PAYMENT CHANGE FORM
Give this to any company that receives your electronic payment



Please route this automatic payment per my instructions

Company to receive payment _____ Account Number

Company's Address _____

City _____ State _____ Zip _____

Payment Amount _____ Monthly Weekly

Checking

I authorize my direct deposit to be routed to CME Federal Credit Union

Savings

CME Federal Credit Union Routing Number: 244077255 Account

Effective Date _____ CME Federal Credit Union phone number 888-224-3108

Authorized Signature _____ Date _____