



Dear New Recruit:

Thank you for your interest in becoming a member of Air Force Federal Credit Union (Air Force FCU). We look forward to providing you the financial services you need for the lifetime of your membership.

Please fill-in, sign and date the attached **Application for Membership** and return the form along with:

- 1. A copy of your Driver's License (or other valid photo ID) and**
- 2. A copy of your Social Security Card**
- 3. A copy of your Guaranteed Training Enlistment Agreement (AF Form 3007-8)**

It is **very important** that you return these items immediately, but if you are under time constraints, the paperwork can be faxed to **210.678.5291**.

By completing the application, you will insure that your Air Force pay is deposited for your access. Just a reminder, there is no opening balance required and your first check will be a direct deposit to the checking account.

Also, the day your account opens, we will mail, email or fax you a **"FASTART DIRECT DEPOSIT FORM."** **You must take this with you when you report to Lackland AFB.** This will confirm your account with the credit union. During the in-processing on base, please fill in your squadron/flight information, sign the form and return to base personnel.

If you have not received your FASTART DIRECT DEPOSIT FORM or if you've lost it, you must complete another Air Force FCU new membership packet during in-processing.

We will mail you a New Member Packet and your Visa® Debit Card. If you are reporting immediately, we will contact Lackland AFB Finance Office and request your new address.

Please feel free to call us with any questions at **1.800.227.5328, ext 234**. Once again, thank you for giving Air Force Federal Credit Union an opportunity to serve you and good luck on your new career!

Sincerely,

A handwritten signature in black ink that reads "Veronica J. Martinez". The signature is written in a cursive style.

Veronica Martinez
Financial Service Support Specialist
vmartinez@airforcefcu.com

Section 1

PRIMARY ACCOUNT HOLDER INFORMATION		
NAME		ACCOUNT NUMBER (Credit Union Will Fill In)
ADDRESS (Street - City - State - Zip)		
MEMBERSHIP ELIGIBILITY IS BASED ON New Air Force Enlistee		SOCIAL SECURITY OR TAX ID#
DRIVER'S LICENSE (State/Number)	DATE OF BIRTH	HOME PHONE
RECRUITER NAME	MOTHER'S MAIDEN NAME (Last Name Only)	
RECRUITER 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: _____

MEMBER TRANSFER AUTHORIZATION

This form authorizes you to make transfers from your share accounts to share accounts of up to nine additional Air Force Federal Credit Union members through MAT and/or CyberMAT. You may hold a maximum of nine members on file at any one time. To add or delete an account, you must fill out a new authorization form. You understand that you can ONLY TRANSFER money INTO the accounts listed below. You cannot receive money from the accounts listed below.

I WANT THE ABILITY TO TRANSFER FUNDS BY MAT OR BY CYBERMAT TO THE FOLLOWING MEMBERS' AFFCU ACCOUNTS:

MEMBER NAME	MEMBER ACCOUNT NUMBER
PRIMARY SIGNATURE X	DATE

If you would like to know more about our products and services, our Member Contact Center is open 24|7|365—even on holidays! Call 210.673.5610 / 800.227.5328 or live chat at airforcefcu.com.