



Better Banking.

Check List

JOIN SAC FCU

SAC FCU | 402 292 8000 | www.sacfcu.com

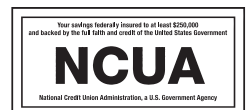
Welcome to SAC Federal Credit Union (SAC FCU). SAC FCU is the largest locally owned financial institution in Sarpy County.

SAC FCU offers Savings, Checking, Certificate Accounts, Auto Loans, Home Loans, and much more.

Simply use the forms below to quickly and easily switch all of your accounts to SAC FCU.

- Open an account with SAC FCU.
- Destroy your old checks, ATM/check cards and deposit slips.
- Let outstanding checks or automatic withdrawals clear. Make sure to leave enough money in your old account to cover them.
- Ask your employer to transfer your direct deposit to SAC FCU. Be sure to give them one of your new deposit slips or a voided check along with the Direct Deposit form we've provided.
- Contact others who make deposits to your old account (retirement, pension, Social Security, etc.) and ask them to begin depositing into your SAC FCU account - be sure to have your new account number, suffix and the SAC FCU ABA routing number, 304083448.
- Contact anyone who makes automatic withdrawals from your old account (gym membership, subscriptions, etc.) and ask them to begin making withdrawals from your SAC FCU account. They'll need one of your SAC FCU deposit slips or a voided check along with the Redirect My Automatic Payment form we've provided.
- Contact companies that automatically bill your debit or credit card and ask them to begin billing payments against your SAC FCU Visa Check or Credit Card. Have your SAC FCU Visa Card number and expiration date ready.
- Easily manage your accounts with CU@Home. Enroll today at sacfcu.com.
- Avoid waiting for your statements to come in the mail and having to file them away with the convenience of eStatements. Access your last 12-months statements easily through CU@Home; log on and click eStatements to enroll today.
- Cancel your current electronic bill pay service and sign up for SAC FCU's Bill Payer Plus™. Simply log onto CU@Home at sacfcu.com and click Bill Payer Plus to enroll.
- Ask your old financial institution to close your account(s) and to send you a check for the remaining balance (after verifying that all direct deposits and automatic payments have been redirected). For your convenience, a Close My Accounts form is provided.

Be sure to keep a copy of your communications for your records. If you have any questions or need assistance in switching your accounts, please call us at (402) 292-8000 or visit any of our convenient branch locations.





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Membership Application & Agreement

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1. To Open a Share Account and Apply for a Membership:

- Complete section 1.
• Be certain to fill in the membership eligibility portion of this section if you are qualifying through a family member.

Joint Accounts

- If your account will have a joint owner, provide the requested information about the joint owners.

Important Tax Information

- Read the section titled "Taxpayer Identification and Backup Withholding" and make any necessary changes.

Minimum Membership Deposit

- Be sure to include at least \$5.00 for your required opening minimum balance for a Share Savings Account plus \$50.00 for your required opening minimum deposit for a Share Draft Checking Account.
• Send your application and your deposit to the address shown below:

SAC FEDERAL CREDIT UNION
P. O. Box 1149
Bellevue, NE 68005-1149
(402) 292-8000. FAX (402) 829-0149

2. Pay-on-Death Beneficiary

- If you would like to name a beneficiary, provide your beneficiary's information.

Consent of Spouse

- If the beneficiary named is not your spouse, have your spouse sign this section. It is suggested that spouses of account signers give consent by signing this section.

3. Signatures

- If signing outside the presence of a Credit Union employee you must have your signature notarized. Please include a copy of your driver's license or acceptable government identification card.

Return to the Credit Union

- Once complete, please return your Membership Application along with the Minimum Membership Deposit and any additional funds that you would like deposited to the Credit Union.

Credit Union Use Only

Member Number _____ Ownership Type _____
Account Type(s): _____ Credit Line Account

1. Membership

Doing Business As _____ Home Owner Yes No
Primary Owner Name: _____
Social Security Number / TIN: _____ Date of Birth: _____
Driver's License / State: _____
Street Address: _____ City: _____ State: _____
Home Telephone: _____ Email Address: _____ Mother's Maiden Name: _____
Work Telephone: _____ Employer: _____
Qualification for Membership:
Sponsoring Member's Name: _____ Relationship: _____
 Community Charter Sponsoring Member's Account Number: _____

Owner #1:
Name: _____ Social Security Number / TIN: _____
Relationship to Member: _____ Driver's License / State: _____
Telephone Number: _____ Date of Birth: _____ Mother's Maiden Name: _____
Owner #2:
Name: _____ Social Security Number / TIN: _____
Relationship to Member: _____ Driver's License / State: _____
Telephone Number: _____ Date of Birth: _____ Mother's Maiden Name: _____
Owner #3:
Name: _____ Social Security Number / TIN: _____
Relationship to Member: _____ Driver's License / State: _____
Telephone Number: _____ Date of Birth: _____ Mother's Maiden Name: _____

2. Pay-on-Death Beneficiary / Consent of Spouse

Beneficiary(ies) Designation:
Name: _____ Social Security Number: _____ Date of Birth: _____ Percentage: _____
Name: _____ Social Security Number: _____ Date of Birth: _____ Percentage: _____
Consent of Spouse (if beneficiary other than spouse) Signature of Spouse: _____ Date: _____

3. Signatures

You hereby apply for membership with SAC Federal Credit Union. You, and all joint owners, agree to be bound by the Agreements set forth in this Membership Application & Agreement and to the bylaws, rules, and regulations of SAC Federal Credit Union in effect from time to time. You acknowledge receiving a copy of the "Agreements and Disclosures" related to Your Account(s) and You agree to the terms and conditions found therein. If this application is for any Feature Category contained in Our Credit Line Account Agreement and Disclosure, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You authorize any person, association, firm, corporation, or personnel office to furnish information concerning Your affairs upon request of SAC Federal Credit Union, including the checking of Your credit and employment history and the obtaining of credit reports. You further authorize Us to accept your facsimile signatures on this application and agree that your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept your facsimile signature.

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.
You hereby acknowledge Your intent to apply for joint credit: Applicants Initials: _____ Co-Applicants Initials: _____
Applicant's (Primary Owner) Signature: _____ Date: _____
Owner #1 Signature: _____ Date: _____
Owner #2 Signature: _____ Date: _____
Owner #2 Signature: _____ Date: _____



4. ATM Card, Debit Card, Bill Payer Online, C.U. At Home Online or C.U. By Phone Access

- Please indicate if you would like to be issued ATM Card, Debit Card, Bill Payer Online, C.U. By Phone or C.U. At Home Online Access service.

4. ATM Card, Debit Card, Bill Payer Online, C.U. At Home Online or C.U. By Phone Access

To receive ATM Card, Debit Card, Bill Payer Online, C.U. At Home Online or C.U. By Phone access, select the type of service desired and to whom the service will be issued.

- ATM Card New C.U. By Phone Primary Account Owner
 Debit Card Reissue Bill Payer Online Joint Owner

5. Overdraft Protection

- If you are applying for a Share Draft Account, select the method of transferring funds in the event of an overdraft.

5. Overdraft Protection (if opening a Share Draft Checking Account)

Your overdrafts will be covered by transferring funds from Your Loan/Sub Account I.D. identified below in the following order (specify priority by number). If no priority is noted, transfers will be made from Your Share Savings

| Priority: | Source: | Loan / Sub Account I.D. |
|-----------|---------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. E-Statements

- Please indicate if you would like to be issued statements electronically.

6. Request to Receive Electronic Documentation

If this box is checked, You request that We provide C.U. At Home Online access, and You request that we furnish Your account documentation to You electronically according to the Consent to Receive Electronic Documentation provision of Your Agreements and Disclosures, which You acknowledge that You have read, You understand and You agree to its terms.

Credit Union Use Only

Name (Last, First): _____ Account No.: _____ Opened by /Date: _____ Eligibility Verified: _____

Check I.D.: _____ Membership Officer: _____ Approval: _____ Date: _____

ChexSystems Verified: _____ Additional Information: _____

Identification Information: _____ ATM Card Number: _____ Debit Card Number: _____

Additional Terms And Conditions

You hereby authorize Us to recognize any of the signatures subscribed in this Agreement, for the payment of funds or the transaction of any business for the Accounts. The joint owners of the Accounts hereby agree with each other and with Us that all sums, whenever paid into the Accounts by any or all of the joint owners to the credit of the joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge Us from any liability for such payment. Any or all of the joint owners may pledge all or any part of the shares in the Accounts as collateral security to a loan or loans. The right or authority of the Credit Union under this Agreement shall not be changed or terminated by said owners or, any of them except by written notice to Us, which shall not affect transactions made prior to such notice. Checks cashed against this Account are subject to collectability from this Account if returned unpaid.

Joint Ownership Agreement (Not Transferable)

SAC Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this Account. The joint owners of the Account hereby agree with each other and with SAC Federal Credit Union that all sums now deposited in share accounts, or heretofore or hereafter deposited in share accounts by any or all said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge SAC Federal Credit Union from any liability for such payment. The joint owners also agree to be bound by the terms of the appropriate Account agreements and disclosures which have been provided.

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); and (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; and (3) You are a U.S. person (including a U.S. resident alien).

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee under reporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT. CERTIFICATION IF AWAITING NUMBER

Under penalties of perjury, You certify: (1) that a taxpayer identification number has not been issued to You (or the minor beneficiary if the Account is established under the Uniform Gift/Transfer to Minors Act), and that You mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or You intend to mail or deliver an application in the near future); and (2) that You are not subject to backup withholding. You understand that if You do not provide a taxpayer identification number to the Credit Union within 60 days, the Credit Union is required to withhold 28 percent of all reportable payments thereafter made to You until You provide a number.

Important Information About Procedure(s) 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 You 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.



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Direct Deposit Form

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Name

Mailing address

City

State

Zip

Phone number

Extension

Account Title

SAC FCU Routing & Transit Number: 3040-8344-8

6-digit Savings Account Number

*You should not set up reoccurring debits from your savings account due to Regulation D, which limits the number of debits/withdrawals per month.

13-digit Checking Account Number

*You must provide all 13 digits of your checking account number to any employer or vendor to ensure proper processing of your debits or credits.

Signature

Date

As a representative of SAC Federal Credit Union, I certify that the Credit Union agrees to process debits and credits for the account identified above.

Signature

Date





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Redirect Auto Payment

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To: _____ Date _____
Company name

Company address

City State Zip

To Whom It May Concern:

Please change my automatic payment arrangements with your company.

You are currently withdrawing: _____
Payment amount

For account number: _____
Biller account number

From: _____
Financial institution

Account number

ABA routing number

Please discontinue withdrawals from the above account immediately and begin debiting the account below:

Financial institution

Account number

ABA routing number

I have attached a voided check or deposit slip for your reference.

Thank you for your prompt attention to this matter. If you have any questions, please contact me at:

_____ between _____ and _____
Phone number Time (A.M./P.M.) Time (A.M./P.M.)

Sincerely,

Name Date

Address

City State Zip





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Close Account(s)

JOIN SAC FCU

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To:

Company name

Date

Company address

City

State

Zip

To Whom It May Concern:

Please close the following account(s) in my name with your institution and send me a check with the remaining balance at the address below:

Checking Account : Account Number

Checking Account : Account Number

Savings Account : Account Number

Savings Account : Account Number

Other Account : Account Number

Other Account : Account Number

Thank you for your prompt attention to this matter. If you have any questions, please contact me at:

Phone number between Time (A.M./P.M.) and Time (A.M./P.M.)

Sincerely,

Member Signature Date

Member Name Joint Owner

Address Address

City, State, Zip City, State, Zip

