

# Membership, Shares & Share Draft

- Initial Application     Account Update  
 Information Provided for Loan Request (please check one)

(CU use only)  
 Chain Guide     Family Member Verification Method:

## 1 Membership Eligibility (Required for all applications)

<input type="checkbox"/> I am a Current Member of TruGrocer	<input type="checkbox"/> I am An Eligible Employee	Employer Name & Phone (attach pay stub)	<input type="checkbox"/> I am a Family Member of: <input type="checkbox"/> An Eligible Employee <input type="checkbox"/> Current Member of TruGrocer	Eligible Employee or Current Member Name, Relation To & Phone
---	--	---	--	---

### Primary Information

Last Name	First Name	Middle Initial	Social Security #	Birth Date
Physical Address (No P.O. Box)		City	State	Zip Code
E-Mail Address (optional)		Name and Address of Beneficiary(s) for the Regular Share Account Life Savings Insurance Coverage		

### 1st Joint Owner (J/O) Information (optional)

Check if updating a current account

J/O Last Name	J/O First Name	J/O Middle Init.	J/O Social Security #	J/O Birth Date
J/O Relationship to Primary Member	J/O Physical Address (No P.O. Box)	City	State	Zip Code

### Account Authorization:

- Share (Savings) / Share Certificate Accounts    and/or     Share Draft (Checking) Account  
*Once you designate a J/O on your account, that name cannot be removed from the account without that J/O's signature.*

### 2nd Joint Owner (J/O) Information (optional)

Check if updating a current account

J/O Last Name	J/O First Name	J/O Middle Init.	J/O Social Security #	J/O Birth Date
J/O Relationship to Primary Member	J/O Physical Address (No. P.O. Box)	City	State	Zip Code

### Account Authorization:

- Share (Savings) / Share Certificate Accounts    and/or     Share Draft (Checking) Account  
*Once you designate a J/O on your account, that name cannot be removed from the account without that J/O's signature.*

## Account(s) Selection

### 2 Share (Savings) Account(s) & Payroll Deduction

Regular share account required with a **\$5.00 initial deposit** for membership. Regular share accounts are subject to a monthly service fee of \$1.00 if the account balance is below \$25.00 on the last day of each calendar month (members 18 years of age or older) and no other account relationship has been established at the Credit Union.

Please Check All That Apply

- Regular Share (S1) \$ \_\_\_\_\_ per week  
(Required For Membership)  
 Vacation Club (S5) \$ \_\_\_\_\_ per week  
 Christmas Club (S6) \$ \_\_\_\_\_ per week  
 Total \$ \_\_\_\_\_ per week



### 3 Share Draft (Checking) Account Payroll Deduction & ATM/POS/Debit Card Request

Complete this section & order check style below to open a Share Draft (Checking) Account (S4)

- Net Paycheck weekly     Specific Amount \$ \_\_\_\_\_ per week     None  
 Issue ATM/POS/Debit card(s) for access of funds from a Share Draft (Checking) Account

Print Information below if you would like to order Drafts (checks)

Name(s): \_\_\_\_\_

Drivers Lic. # and/or Phone #: \_\_\_\_\_  
(optional)

Address: \_\_\_\_\_  
(if different than physical address above)    City    State    Zip

Share Draft (Checking) Account Check Styles (orders begin with #101, are duplicate style and prices vary):  Custom Design TruGrocer FCU (best value)  Reflections  Sea Treasure  America The Beautiful  Wildlife Portraits  Colonial  Eloquent  Yellow, Blue or Green Safety (circle color)

## Certification

By signing below and under the penalties of perjury, you certify (1) that the number shown on this form is your correct taxpayer identification number (or you're waiting for a number to be issued to you), and (2) that you are not subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the 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). If you are a non-resident alien you agree to request and complete a W-8BEN form to claim an exception from domestic information reporting of credit union dividends/interest.

You must cross out #2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest/dividends on your tax return.

## Limited Power Of Attorney For Payroll Deduction Authorization

By signing below, you hereby nominate and appoint the TruGrocer Federal Credit Union (hereinafter called Credit Union) of Boise, ID, as your lawful Attorney-In-Fact. This Power Of Attorney is limited to your authorization of the Credit Union to sign your name to any payroll deduction authorization. Payroll amounts deducted as a result of this Power Of Attorney shall be applied to your Credit Union account(s), either as a credit to your share account(s) or to your loan account(s). The Credit Union is authorized to change your payroll deduction amount upon a written, electronic or verbal request from you. This limited Power Of Attorney is revocable by you upon written notice to the Credit Union or automatically upon termination of your employment. In the event the Credit Union receives funds on your behalf that are not due to you, the Credit Union has the right to return those funds by debiting your account.

## Account Agreement And Disclosures

By signing below, you hereby make application for membership and services in the TruGrocer Federal Credit Union and agree to be bound to the terms and conditions in the Electronic Fund Transfer, Funds Availability, Truth-In-Savings, Privacy and Account Agreement Disclosures that you receive with your Share Draft (Checking) Account starter kit or within 20 days from account activation. You understand that use of your account(s) will constitute acknowledgment of receipt and agreement to the terms of the Account Agreement Disclosures. You will make an **initial deposit of \$5.00** to your regular share account for membership or will sign up for payroll deduction to your regular share account. You also hereby make application for a Personal Identification Number to access your account through the Credit Union's electronic teller. The Credit Union is authorized to set up additional share suffix accounts upon a written, electronic or verbal request from you. You understand that, although your ability to join the Credit Union may be based on your place of employment, continued membership and access to credit union services are not employment benefits and may be provided or withheld based on Credit Union policies. You authorize the Credit Union to verify, with applicable parties, the information you provided in this application. The services of TruGrocer Federal Credit Union are subject to such terms, conditions and requirements as may be established by the Credit Union's Board of Directors or by the Credit Union's Regulatory Agency, the National Credit Union Administration, from time to time.

**The IRS does not require your consent to any provisions of this document other than the certifications required to avoid backup withholdings.**

## 4 Signatures For Membership And Other Share Accounts

(Information provided on the application will be verified to authenticate identity of all applicants as required by the USA Patriot Act)

Your Signature	Date	1st Joint Owner Signature	2nd Joint Owner Signature	Date
X		X	X	
(CU use only) ID/EMP. #	<input type="checkbox"/> FAC <input type="checkbox"/> CBR	(CU use only) ID/EMP. #	<input type="checkbox"/> FAC <input type="checkbox"/> CBR	(CU use only) ID/EMP. #

**IF APPLYING FOR A LOAN, VISA, OR SHARE DRAFT LINE-OF-CREDIT (OVERDRAFT PROTECTION) CONTINUE TO THE REVERSE SIDE**

# LOAN / VISA Application & Open-End Credit Plan Signature (apply online at [www.trugrocer.com](http://www.trugrocer.com))

Do NOT complete if you have previously applied for a loan with TruGrocer Federal Credit Union. Contact your branch office to request an **additional advance**.

## 5 Loan Type(s) Requested (Current loan rates can be obtained by contacting your Branch, logging on to the C.U. Website or calling ET)

<input type="checkbox"/> Auto <input type="checkbox"/> Boat/RV <input type="checkbox"/> Personal <input type="checkbox"/> Share Draft Line-Of-Credit (Overdraft Protection) <input type="checkbox"/> Other:		<input type="checkbox"/> VISA <small>(See Disclosure Table Below)</small> VISA Credit Limit Requested:
INITIAL Loan Request: <small>(Additional funds may be advanced under this open-end credit plan)</small>		\$ _____
Purpose (For Vehicles Provide: Year, Make and Model)		Credit Type: (VISA)
Credit Type: (Consumer Loans) <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Co-Signer <small>(I am co-signing for _____)</small> <small>(complete co-applicant section below)</small>		<input type="checkbox"/> Individual <input type="checkbox"/> Joint <small>(complete co-applicant section below)</small>

## Applicant Financial Information (Section 1 Primary Information must be completed on reverse side)

*Monthly Gross Income	Employer	Position	Years Employed	Employer's Phone Number
\$ _____				( ) -
*Other Income/Source	<input type="checkbox"/> House Payment <input type="checkbox"/> Rent Payment	Payment Methods Available For Consumer Loans (not applicable for VISA)		
\$ _____	\$ _____ (monthly)	<input type="checkbox"/> Payroll Deduction (Auto transfer from Savings) <input type="checkbox"/> Manual Payment		

## Applicant References

Name	Address	Phone	Name	Address	Phone

## Co-Applicant (Section 1 Joint Owner Information must be completed on reverse side)

Married persons may apply for credit in their own name. Please provide the following information if: **a)** another person will use this account; **b)** you want a joint account; **c)** you are married and live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI); **d)** you are relying on the income of a spouse to repay the loan.

*Monthly Gross Income	Employer	Position	Years Employed	Employer's Phone Number
\$ _____				( ) -

\* Alimony, child support, or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation. If you or your co-applicant are not employed by Albertson's, Inc., provide copies of last pay stub(s) or if self employed, provide a signed copy of your tax returns from the past 2 years. Additional information may be requested.

## Payment Protection (Not available with VISA Credit Card)

The Credit Union will disclose the cost of this voluntary insurance to you via a Credit Insurance Enrollment Form/Schedule. You will need to sign and agree to the terms & conditions of the credit insurance for coverage to become effective.

(please check one if coverage is desired)

<input type="checkbox"/> Single Credit Disability	<input type="checkbox"/> Single Credit Life & Single Credit Disability
<input type="checkbox"/> Single Credit Life	<input type="checkbox"/> Joint Credit Life & Single Credit Disability
<input type="checkbox"/> Joint Credit Life	

## VISA Disclosure Table

The information about the costs of the card is accurate as of 08/01. This information may have changed after that date. To find out what may have changed, contact us at a location listed below.

Annual Percentage Rate for Purchases:	Grace period for repayment of the balance for purchases:	Method of computing the balance for purchases and cash advances:	Annual Fee:	Transaction fee for purchases:	Minimum Finance charge:
<b>16.9%</b>	<b>25 days</b>	<b>Average Daily Balance</b> <small>(including new purchases)</small>	<b>None</b>	<b>None</b>	<b>None</b>
<b>1% annual rebate on Net Purchases</b> if account is in good standing and has a VISA credit limit when the rebate is paid.					

## State Law Notices (Ohio and Wisconsin)

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 Only:** (1) No provisions of any marital property agreement, unilateral statement under §766.59, or court decree under §766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement of decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you **are not** applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

Signature of Wisconsin Residents Only

**X** \_\_\_\_\_ Date \_\_\_\_\_

## 6 Signatures For Applicant(s) Below

(Information provided on the application will be verified to authenticate identity of all applicants as required by the USA Patriot Act)

- You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes, you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and any update, renewal or extension of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on a loan application made to a federal credit union insured by NCUA.
- You have received and read **or agree to receive and read prior to accepting funds or endorsing a check advanced to you under this open-end credit plan**, the LOANLINER® Credit and Security Agreement, including the Addendum ("the Agreement"). By signing below **and/or by accepting funds or endorsing a check advanced to you under this open-end credit plan**, you agree to be bound by the terms of the Agreement.
- If you are applying for a credit card, you understand that use of your credit card (or its account number) will constitute acknowledgment of receipt and agreement to the terms and conditions of the VISA credit card agreement and disclosures.
- You grant us security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure what you owe under the Agreement. Collateral securing other loans you have with the Credit Union will also secure this loan, except that a dwelling will never be considered as security for this Account, notwithstanding anything to the contrary in any other agreement. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.**

Applicant Print Name	Applicant SS#	Co-Applicant Print Name	Co-Applicant SS#
	- -		- -
Applicant Signature for Loans/VISA	Date	Co-Applicant Signature for Loans/VISA <small>(Indicates intent to apply for joint credit)</small>	Date
<b>X</b> _____	_____	<b>X</b> _____	_____

### BOISE MAIN BRANCH

501 E. Highland  
 P.O. Box 8145  
 Boise, Idaho 83707  
 T 208.385.5200  
 F 208.385.5290

### ORLANDO BRANCH OFFICE

3305 Lake Breeze Drive  
 Orlando, Florida 32808  
 T 407.292.2006  
 F 407.292.2520

### DALLAS/FT. WORTH BRANCH OFFICE

1327 Brown Trail  
 Bedford, Texas 76022  
 T 817.285.8292  
 M 817.268.6710  
 F 817.285.7053

### LOS ANGELES BRANCH OFFICE

341 E. Imperial Highway  
 Fullerton, California 92835  
 T 714.738.4681  
 F 714.870.6408