

REQUIREMENTS TO OPEN A YOUTH ACCOUNT

For any account established by or for a minor, the minor account owner must have a joint account owner who is a parent or legal guardian of the minor. The minor's tax identification number must be provided on the application, and MSUFCU may require further identification documentation for the minor. MSUFCU reserves the right to limit the accounts and services that are available to minors.

ACCOUNT # <input style="width: 90%;" type="text"/>	A \$5.00 minimum deposit into your Spartan Saver is required to open your account.
SECTION A - ELIGIBILITY	
<input type="checkbox"/> New Account <input type="checkbox"/> Add Joint Party <input type="checkbox"/> Add Checking Account	

ELIGIBILITY: The minor must be eligible for membership to open an account.

- | | |
|--|---|
| <input type="checkbox"/> Faculty, employee, or student of MSU ¹ or OU ²
<input type="checkbox"/> Employee or student of Cooley Law School ³
<input type="checkbox"/> Desk Drawer Fund donor ⁴
<input type="checkbox"/> Attended or graduated from MSU or OU
<input type="checkbox"/> Work on MSU or OU campus and under control of school's governing bodies | <input type="checkbox"/> Employee of Select Employee Group
<input type="checkbox"/> Immediate family member of eligible group
<input type="checkbox"/> Individual living in household of eligible group making up an economic unit
<input type="checkbox"/> Individuals who live, work, worship, attend school, or have a business located within Oakland, Genesee, Lapeer, Livingston, or Macomb counties |
|--|---|

¹MSU = Michigan State University ²OU = Oakland University ³Cooley Law School = Thomas M. Cooley Law School located in Lansing; Grand Rapids; or Auburn Hills, Michigan ⁴\$10 minimum donation
For a complete list of membership eligibility options, please call MSUFCU or visit msufcu.org/whocanjoin

SECTION B APPLICANT INFORMATION

Citizenship Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (permanent resident) <input type="checkbox"/> Nonresident Alien (temporary resident)							
Minor Name	First	Middle	Last	Physical Address – Street/Apt. <input type="checkbox"/> Own <input type="checkbox"/> Rent	City	State	ZIP Code
Mailing Address (If different than physical address) – Street/Apt. or PO Box				City		State	ZIP Code
Mobile Phone*	Other Phone*		Email Address*			Mother's Maiden Name	
Date of Birth	Social Security No.		Driver's License/Passport or Other Documentation/ID			State of Issue	Date of Expiration

1st Joint Party Information Citizenship Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (permanent resident) <input type="checkbox"/> Nonresident Alien (temporary resident)							
Name	First	Middle	Last	Physical Address – Street/Apt. <input type="checkbox"/> Own <input type="checkbox"/> Rent	City	State	ZIP Code
Mailing Address (If different than physical address) – Street/Apt. or PO Box				City		State	ZIP Code
Mobile Phone*	Other Phone*		Email Address*			Mother's Maiden Name	
Date of Birth	Social Security No.		Driver's License/Passport or Other Documentation/ID			State of Issue	Date of Expiration
Email Address*			Employer/Previous Employer			Date Employed	
Occupation			Employment Status			Monthly Gross Income	

2nd Joint Party Information Citizenship Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (permanent resident) <input type="checkbox"/> Nonresident Alien (temporary resident)							
Name	First	Middle	Last	Physical Address – Street/Apt. <input type="checkbox"/> Own <input type="checkbox"/> Rent	City	State	ZIP Code
Mailing Address (If different than physical address) – Street & Apt. or PO Box				City		State	ZIP Code
Mobile Phone*	Other Phone*		Email Address*			Mother's Maiden Name	
Date of Birth	Social Security No.		Driver's License/Passport or Other Documentation/ID			State of Issue	Date of Expiration
Email Address*			Employer			Date Employed	
Occupation			Employment Status			Monthly Gross Income	

*You authorize us to contact you, including by electronic or automated means, such as emails, autodialed and prerecorded calls, and text messages.

SECTION C ACCOUNT SERVICE SELECTION

By checking below, I/we agree to apply for/request the selected services:

Checking Options

24/7 access, free ATM access, free Bill Payment, direct deposit, eStatements, and quarterly FICO® Scores

TOTALLY GREEN CHECKING ACCOUNT
Please note: Totally Green Checking requires Visa Debit Card, eStatements/eNotices, ComputerLine® access, and direct deposit if available. By selecting Totally Green Checking, I/we also select eStatements as my/our official account statement and agree that the eStatement notification will be sent to the email address noted on page 1 of this application. I/we agree to open and read the eStatement disclosure and confirmation that will be sent to the email address above.

 Classic Checking Account — Paper statements
 Money Market Checking Account —
 Earn dividends, paper statements
 Debit Card — # of Visa Debit Cards _____
*FICO is a registered trademark of Fair Isaac Corporation in the United States and other countries.

Savings Options

 Insured Money Management Account (IMMA) —
 Earn higher dividends on balances over \$2,000.00.
 Certificate (circle all terms that apply) —
 Earn fixed dividends that are higher than traditional savings accounts.

1-Year Add-On -
 Only \$50 required to begin saving!

3 months	3 years
6 months	4 years
1 year	5 years
2 years	
3-60 months (designate term _____)	

Services

 eStatements
 Visa eStatements
 Payment eNotices
 Transaction eNotices

SECTION D

MEMBERSHIP AND ACCOUNT AGREEMENT

IRS Certification: I certify under penalty of perjury that I am a U.S. person (including a U.S. resident alien), that the Taxpayer Identification Number (Social Security Number) given is correct, that I have not been notified by the IRS that I under-reported or failed to report interest or that the IRS has notified me that I am no longer subject to backup withholding. Please cross out any sections that do not apply.

By signing below, I/we hereby make application for membership in, and agree to abide by the bylaws and amendments of, Michigan State University Federal Credit Union. I/we acknowledge receiving a copy of the terms and conditions applicable to each deposit account or service that I/we open concurrently with this application and agree to be bound by those terms. I/we further understand and agree that I/we shall be bound by the terms and conditions of any other deposit account or service that I/we may later open. Any account opened in more than one name shall be a joint account with rights of survivorship. For any account on which I/we designate a beneficiary(ies), the account shall be deemed in my/our name(s) as trustee. I/we hereby authorize the Credit Union to check my/our credit and employment history(ies) and to answer questions about the Credit Union's credit experience with me/us. I specifically authorize the Credit Union to access our credit reports, credit scores and other financial history and I consent to the use of such information to process this application and determine whether I/we qualify for other products and services the Credit Union may offer me/us. I hereby authorize the release, by my Credit Union records custodian, of any information pertaining to my/our past and present financial status and any action pending or taken against me/us in the past. The undersigned authorizes the receipts and exchange of credit information.

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 you for your name, address, date of birth, and other information that will allow us to identify you. We may ask for your driver's license or other identifying documents.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Youth Signature or
 Legal Parent/Guardian Signing on behalf of Minor Date
 Parent/ Legal Guardian Signature Date
 2nd Joint Party Signature Date

SECTION E

VISA APPLICATION FOR YOUTH AGE 14 AND OLDER

Youth members ages 14 and older may apply for a Platinum Visa Credit Card.

I/We hereby apply for an MSUFCU Visa Credit Card line of credit. In the event that the Visa Credit Card line of credit applied for is issued, I/we agree to read and comply with the terms of the Agreement and Truth-in-Lending Disclosure Statement that will be furnished with the card. I/We agree to retain such information for our records. Please issue a separate Visa card with each name printed below. I/we hereby authorize the Credit Union to check my/our credit and employment history and to answer questions about the Credit Union's credit experience with me/us. I/we specifically authorize the Credit Union to access my credit report, credit score, and other financial history and I/we consent to the use of such information to process my/our application for a credit card and to determine whether I/we qualify for other products and services the Credit Union may offer to me/us. I/we hereby authorize the release, by my/our Credit Union records custodian, of any information pertaining to my/our past and present financial status and any action pending or taken against me/us in the past. The undersigned authorizes the receipt and exchange of credit information.

PARENTAL INCOME VERIFICATION

Employer	Occupation	
Date Employed	Gross Monthly Income	Mortgage/Rent Payment

ISSUE CARDS TO THE FOLLOWING AUTHORIZED USERS: (PRINT NAMES)

1. Name SSN
 2. Name SSN

Signed this _____ day of _____, _____ By affixing my signature to the application, I present this information truly and correctly to the best of my knowledge and for the purpose of obtaining credit from the Credit Union.

Applicant Initials

By placing my initials here, I agree that I am applying for a joint loan.

Applicant Initials
 Joint Party Initials
 2nd Joint Party Initials

Youth Signature or Legal Parent/Guardian Signing on behalf of Minor
 Joint Party Signature
 2nd Joint Party Signature

A personal identification number (PIN) for cash advances at ATMs will be issued on this account.

[Visa eStatements](#) [Check here to request information about MSUFCU Debt ProtectionSM](#)

Consensual Security Interest: I/we grant and consent to a security interest in the shares and dividends in any individual or joint account(s) at MSUFCU that I/we have with MSUFCU now and in the future to secure my/our credit card account. I/we understand I/we may withdraw funds from the account(s) unless I/we are in default. When I/we are in default, I/we authorize MSUFCU to apply the balance in the account(s) to any amounts due. For example, if I/we have an unpaid credit card balance, I/we agree MSUFCU may use funds in my/our account(s) to pay any or all of the unpaid balance. I understand any IRA, HSA, CESA, or any other account that would lose special tax treatment under state or federal law if given as security are not subject to this security interest.

By signing below, I/we are affirmatively agreeing that I/we are aware the granting of a security interest is a condition for the credit card and I/we intend to grant a security interest in my/ our account(s).

Signature Joint Party Signature 2nd Joint Party Signature

MSUFCU Platinum Visa Credit Card Disclosure

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	9.9% to 17.9% based on your creditworthiness
APRs for Balance Transfers	0% introductory APR for six (6) months from date of account opening. Rate then reverts to standard rate (9.9% to 17.9%), based on your creditworthiness.
APRs for Cash Advances	9.9% to 17.9% based on your creditworthiness
Penalty APR and When It Applies	17.9% The Penalty APR is applied if your account becomes delinquent 60 days. How Long Will the Penalty APR Apply? The Penalty Annual Percentage Rate will apply until you make six (6) consecutive minimum on-time payments and the line of credit is current.
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at www.consumerfinance.gov/learnmore
Fees	
Transaction Fees • International transaction and cash advance fees	1% for ATM transactions 3% for all other transactions calculated after the transaction has been converted to U.S. dollars
Penalty Fees • Late Payment	\$25 if the minimum payment due is \$25 or more; \$15 if the minimum payment due is \$15 to \$24.99; or \$0 if the minimum payment due is less than \$15
Other Fees • Returned Convenience Check	\$25

How We Will Calculate Your Balance: We use a method called "average daily balance (including new transactions)."

Loss of Introductory APR: We may end your introductory APR and apply the Penalty APR if your account becomes 60 days delinquent.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

FOR OFFICE USE ONLY

Membership approval Date
 Date approved Account opened by (Employee ID #)

