Electronic Enrollment Forms

A Financial Institution That Works For People, Not Profit.

Chicago Municipal Employees Credit Union (CMECU) is a not-for-profit, federally insured financial institution chartered in 1926 to provide members with a safe place to save and borrow at favorable rates. The credit union is owned by its members and operated by a professional staff that is overseen by a volunteer board of directors. CMECU has approximately 15,000 members.

CMECU partnered a few years ago with Health Care Association Federal Credit Union, Chicago Police – Commanding Officers and Sergeants Credit Union and Columbia University Chicago to offer more benefits to the employees and their families.

Membership as always is open to all employees — beginning on the date of hiring — of the City of Chicago and its sister agencies, such as the Chicago Housing Authority (CHA), Chicago Park District, Public Building Commission, Chicago Public Schools (CPS), City Colleges of Chicago (CCC), Chicago Police Department (CPD), Chicago Fire Department (CFD), Chicago Public Libraries, Chicago Transit Authority (CTA); Metra; or if you live, work or worship in the Austin/West Garfield Community.

Retirees of the above entities and members and employees of the Municipal Employees' Annuity and Benefit Fund of Chicago, plus the Laborers and Retirement Board, are also eligible to join the credit union, as are family members and domestic partners of any current credit union member.

Recently the State of Illinois – Department of Financial and Professional Regulation, Credit Union Section – approved our request to expand our territory and help more communities by offering our products and services! Our new geographical boundaries are as follows for all who work or live in Cook County (residents, employees, employers and family members):

- North Boundary: Central Street (Evanston, Skokie, Des Plaines, Morton Grove) going west following Central Road
- ♦ East Boundary: Lake Michigan, following the Indiana border to Cook County line
- South Boundary: Cook County border (Richton Park)
- West Boundary: Cook County/Will County/Dupage County intersection, then following the Cook County border straight north intersecting with Central Road

If you have a friend, coworker or family member (spouses, children, siblings, parents, grandparents and grandchildren) who is not a member of our credit union, share the expansion and benefits of credit union membership included in your folder or at our website. Help your loved ones to join a financial institution that values people over profits.

To join, complete the attached Member Service form, and submit it to CMECU along with a check or money order for \$35.00, which represents the value of one share (a \$25.00 minimum deposit) plus a one-time \$10.00 processing fee. You also may join CMECU by authorizing Direct Deposit of your paycheck, Social Security, pension or other recurring payments (like Payroll Deductions) to your credit union account. A Direct Deposit / Payroll Deduction authorization form is enclosed for your convenience.

Thank you for your interest in Chicago Municipal Employees Credit Union. We welcome the opportunity to serve you.

To use electronic enrollment forms:

- Complete all applicable information on the Member Service Form, Payroll Deduction Direct Deposit
 Authorization Form and Proxy card. This can be done directly on your computer by visiting
 www.cmecuonline.org > How to Join > Become a Member > Online Membership Application.
 The forms can also be printed and completed by hand in pen by clicking the Enrollment forms.
- Once the forms are complete, print at least one copy.
- Submit Member Service form, requests for Payroll Deduction, Proxy card and any required enrollment costs to: Chicago Municipal Employees Credit Union 18 S. Michigan Avenue, Suite 1000 Chicago, IL 60603
- 4. Send requests for Direct Deposit to your payroll department.

Please be sure to keep a copy of the enrollment forms for your records.

Chicago Municipal Employees Credit Union

18 S Michigan Ave., Ste. 1000, Chicago, IL 60603 312-236-2326 • cmecuonline.org

Member Application and Account Modification

APPLY ONLINE: Go to cmecuonline.org and click How to Join > Become a Member

Complete and submit this application to any Chicago Municipal Employees Credit Union branch. New members should include the initial minimum deposit of \$25.00 by check or money order (do not mail cash) and a copy of driver's license or state ID.

SUBMISSION OPTIONS FOR THIS FORM By Mail or 18 S Michigan Ave., Ste. 1000, Chicago, IL 60603 In Person **AWG Office** 6612 W. North Ave., Chicago, Illinois 60707 at any of these branch Chicago Police HQ 3510 S. Michigan Ave., 1st floor, Chicago, Illinois 60653 locations: Online: Visit cmecuonline.org and click How to Join > Become a Member. PRIMARY Owner Information ☐ New Member ☐ Account Modification Existing Account Number: Middle: First Name: Last Name:_ _ Suffix:____ ☐ Female ☐ Male _ Apt/Suite:__ Street Address: __ State:____ ZIP:___ Country: Citv: ☐ Rent Own Number of years:___ Mailing Address: (If different from street address) State:_____ ZIP:_____ Country:___ SS#/TIN: Government-issued ID/Driver's License #:___ Issuing State/Country: _____ Expiration Date:_ Issue Date:_ ☐ Driver's License ☐ State ID ☐ Passport Resident Alien Card Citizenship (select one): U.S. Citizen ☐ Permanent Resident ☐ Non-permanent Resident (requires W-8 BEN and TIN) Home Phone: (_ Work Phone: (Which is your preferred contact phone number? \square Home \square Work \square Cell Email Address: Mother's Maiden Name: **Primary Owner Eligibility Information** I am eligible to joint CMECU in one of the following ways: 1) I am $oldsymbol{\square}$ an employee $oldsymbol{\square}$ a retiree of City of Chicago and sister agencies. 2) I \square reside \square work in the Cook County community charter area. 3) I am a family or permanent household member of a current CMECU member. Relationship: ☐ Spouse ☐ Child ☐ Grandchild ☐ Sibling ☐ Parent ☐ Grandparent ☐ Permanent Member 4) I \square work for Metra or \square ride to/from the Chicago Loop with Metra. **Primary Owner Employer Information** Membership Date Employer:__ Gross Income: Work Phone: Address: ☐ OFAC ☐ Other Occupation / Job Title:__ _Years Employed:_ Verification Date How did you hear about us? ☐ Credit Union Event / Presentation ☐ Credit Union Coordinator ☐ Word of Mouth ☐ Credit Report ☐ Check Verification ☐ New Hire Class / Presentation ☐ Online / Social Media ☐ Other ☐ Marketing / Advertising Overdraft Protection Opt-in Completion Date Please specify:_

JOINT Owner Information (Joint owner must be within CMECU			sign the application.)		
Existing Account Number:					
First Name:		Mic	1iddle:		
Last Name:		Suffix:	🗖 Female 🚨 Male		
Street Address:(No PO Boxes)			Apt/Suite:		
City:	State:	ZIP:	Country:		
☐ Rent ☐ Own Number of	years:	=			
Mailing Address:(If different from street address)		·			
City:	State:	ZIP:	Country:		
Date of Birth://	_ SS#/TIN:				
Government-issued ID/Driver's Licens	e #:				
Issuing State/Country:					
Issue Date:	Expi	ration Date:			
☐ Driver's License ☐ St	tate ID	☐ Passport	Resident Alien Card		
Citizenship (select one):					
☐ U.S. Citizen ☐ Permanent Resident ☐ Non-permanent Resident (requires	W-8 BEN and	TIN)			
Home Phone: ()	W	ork Phone: ()		
Cell Phone: ()					
Which is your preferred contact phone	e number? 🗖	Home	☐ Cell		
EmailAddress:					
Mother's Maiden Name:					
Relationship to Primary Account Owne	er:				
Joint Owner Employer Info	rmation				
Employer:		Gros	s Income:		
Address:	W	ork Phone:			
Occupation / Job Title:		Years	Employed:		
Joint on: ☐ Share Savings ☐ Checking		Share ID			
Attach additional sheet if more than c	ne Joint Own	er.			

FOR CREDIT UNION USE ONLY

Eligibility

Other_

PRIMARY Share/Savings Deposit (Required to	or Membership) 🚨 Add 🔲 Modity	Beneficiary for Payable	on Death (P.O.)	J.) cont a.		
\$ Funds deposited: \$25.00 minimum		☐ Add ☐ Modify ☐ Remove				
☐ Single Account ☐ Joint Account		2. Primary Share 🔲 Additiona	al Share 🚨 Checkin	g 🗖 ALL Sh	are ID:	
Additional Share/Savings	☐ Add ☐ Modify ☐ Remove	P.O.D. Payee's Full Name:				
\$ Funds deposited	Share ID:	lacksquare Individual $lacksquare$ Non-Individual				
☐ Single Account ☐ Joint Account	☐ CMECU Online Banking	Date of Birth://	SS#/TIN:			
·	☐ CMECU Online Statement	Street Address:(No PO Boxes)			Apt/Suite:	
Checking	☐ Add ☐ Modify ☐ Remove	City:	State:	ZIP:	Country:	
\$ Funds deposited	Share ID:	Relationship to Primary Owner:_			Percentage:	
☐ Basic ☐ Single Account ☐ Joint Account	Share ID:	Attach additional sheet if adding	more than two P.O.I). beneficiaries.		
☐ Universal ☐ Single Account ☐ Joint Account	Share ID:	IMPORTANT INFORMAT	ION ABOUT			
☐ eChecking ☐ Single Account ☐ Joint Account	Share ID:	PROCEDURES FOR OPENING A NEW ACCOUNT To help the government fight the funding of terrorism and money-laundering activities, f law requires all financial institutions to obtain, verify and record information that identific person who opens an account. What this means for you: When you open an account, we				
To fund above accounts: CME	ECU Routing #: 271078094					
☐ Cash/Check	· ·	for your name, address, date of b	irth, and other infor	mation that will	allow us to identify you.	
☐ Transfer from CMECU Account #		We may also ask to see your drive	er's license or other	dentifying doct	uments.	
☐ Transfer funds from other financial institution:		By signing or otherwise authentic Membership and Account Agreer				
Account Type: Name on Account	t:	Availability Policy Disclosure, if ap time to time which are incorporat	plicable, and to any	amendment th	e Credit Union makes from	
Account Number: Bank Routing #:		disclosures applicable			, and the second	
Bank Name: Bank State:		to the accounts and services requested herein. If an access card or EFT service is requested provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transf Agreement and Disclosure. All of the terms, conditions, form of account ownership, account				
Visa® Debit Card	☐ Add ☐ Modify ☐ Remove	selection and other information in	ndicated on this doc	ument applies t	o all of the accounts listed	
A checking account is required and cardholder(s) must be Debit Card will access checking and primary share accoun		unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms				
savings account only, an ATM card will be provided.	and conditions of the applicable disclosures noted above. Privately Insured: By signing below, I/We also understand the following disclosure statement:					
☐ Primary Owner ☐ Joint ☐ Both		This institution is not federally ins not guarantee that depositors wil	ured, and if the inst	itution fails, the		
Overdraft Protection/Courtesy Pay	☐ Add ☐ Modify ☐ Remove	Statutory Lien	3	.,		
I would like to open an Overdraft Protection Loan. [†] (In case of overdraft, transfer funds from these accour Overdraft Protection Loan, and numbers 2 (or 2 and 3 of preference.)		Federal law grants us the right to Credit Union if you are in default without further notice to you. Thi you have with the Credit Union, in	on a financial obliga s lien applies to all a	tion with us. We accounts, except	e may exercise this right t as prohibited by law, that	
Courtesy Pay		TIN Certification and Ba	ckup Withhold	ing Informa	ntion	
Overdraft Protection Loan	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), and (2) I am not					
Primary Share (Savings)† Other Jointly Owned Share (Savings)† Account #						
	Share ID:	as a result of a failure to report all interest or dividends, or (c) the IRS has notified me the				
[†] Limits up to \$2,000. Must qualify. See Membership and Addendum for more information regarding the Overdraft		defined in IRS form W-9 instruction	ons), and (4) I am exe	empt from FATC	CA reporting.	
Please see Truth-In-Savings Rate & Fee Schedule for appli	Certification Instructions: You mu IRS that you are currently subject	to backup withhold	ing because you	u have failed to report all		
Additional Accounts		interest and dividends on your ta contact the credit union for instru				
	ites of Deposit	The Internal Revenue Servic	e does not require	your consent	t to any provision of	
☐ Club Accounts ☐ IRAs		this document other than th				
Beneficiary for Payable on Death (P.O.D.) P.O.D. ACCOUNT AGREEMENT: I/We agree with the Cre below is/are designated (a) P.O.D. payee(s). Upon my dea us), all such funds shall be owned and payments shall be r P.O.D. payee(s). This form has space for two P.O.D. payee designated and attached to the document.	PROXY The undersigned does hereby constitute and appoint the members of the Board of Directors of CHICAGO MUNICIPAL EMPLOYEES Credit Union, Chicago, Illinois, who are qualified and acting directors at the time this proxy is used, as proxies to vote for the election of directors, all shares of CHICAGO MUNICIPAL EMPLOYEES Credit Union now or hereafter owned or held by the undersigned, as the said directors of a majority of them see fit, at all annual or special meetings of the members of said credit union hereafter held any adjournment thereof, from time to time					
By not designating a specific account for the names listed all your Credit Union accounts except for IRAs and Trust A does not equal 100%, the percentage will be adjusted pro- selected and more than one P.O.D. payee is indicated, be is incorporated as a part of your Account Agreement with owner of the account.	and year to year, until and unless this proxy is canceled by the member. The undersigned further authorizes the said proxies to designate a person or committee to cast the vote or votes of the undersigned in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.					
☐ Add ☐ Modify ☐ Remove		V				
1. \square Primary Share \square Additional Share \square Checking \square		DDIMARY O				
P.O.D. Payee's Full Name:		PRIMARY Owner Signature			Date	
☐ Individual ☐ Non-Individual		X				
Date of Birth:/		JOINT Owner Signature			Date	
Street Address:(No PO Boxes)	Apt/Suite:	PRIMARY AND JOINT OWNER(S) I				
City:State:	ZIP: Country:	The Credit Union reserves the rig	ht to refuse the form	ı if verbiage ha	s been altered.	
Relationship to Primary Owner:	Percentage:			Federally	insured by NCUA	



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PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

	E	MPLOYER PAYR	OLL DEDUCTION A	UTHORIZATION	ON		
					Member No:		
☐ Initial Authorization	🗖 Change i	n Authorization					
Member							
Employer					_ SSN/TIN		
Home Phone		Work Phone	<u> </u>	Pa	yroll No		
at the Credit Union f Authorization is revo and to follow this Au directed to make and or decrease the amo	or each payroll pe cable. If this is a c ithorization. If I fa d apply deduction unt of my deduct	eriod following receithinge in a previous il to cancel this Authors in accordance with ion upon my written	pt of this Authorization Authorization, I instruction torization upon filing fon this Authorization. I g or verbal request. This	until further no et my employer r bankruptcy, m rant the Credit s power of attor	zation and to deposit these otice from me. I understand to cancel my previous Aut my employer and the Credit Union a power of attorney mey only applies to a loan ge made under this power	d that this horization : Union are to increase or credit	
Deposit Amount	☐ Net Check	\$	Payroll Period	☐ Weekly	lacksquare Monthly		
				☐ Biweekly	☐ Semi-Monthly		
CMECU Routing #: 27	1078094						
Deposit To	☐ Savings	☐ Checking	☐ Account No				
X							
Signature					Effective Date		
		CREDIT UNION D	DIRECT DEPOSIT AL	JTHORIZATIO	DN		
By signing above, I	authorize the Cre	dit Union to apply r	ny payroll deduction fo	or each pay pei	riod as follows:		
Share Draft / Check	ing	#		\$	or	%	
Share / Savings		#		\$	or	%	
Money Market		#		\$	or	%	
Loan		#		\$	or	%	
Loan		#		\$	or	%	
IRA		#		\$	or	%	
Other		#		\$	or	%	
Other		#		\$	or	%	
			TOTAL	\$	TOTAL	%	



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PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

		EMPLOYER PAYR	OLL DEDUCTION A	UTHORIZATI	ON
					Member No:
☐ Initial Authorization	□ Change	in Authorization			
Member					
Employer					SSN/TIN
Home Phone		Work Phone	9	Pa	yroll No
Authorization is revo and to follow this Au directed to make and or decrease the amo	ecable. If this is a athorization. If I fa d apply deduction aunt of my deduct	change in a previous sil to cancel this Auth ns in accordance witl tion upon my written	Authorization, I instruction in the deciration upon filing fon this Authorization. I go or verbal request. This	ct my employer or bankruptcy, m rant the Credit or power of attor	otice from me. I understand that this to cancel my previous Authorization by employer and the Credit Union are Union a power of attorney to increase they only applies to a loan or credit ge made under this power of attorney.
Deposit Amount	☐ Net Check	- \$	Payroll Period	☐ Weekly	☐ Monthly
				☐ Biweekly	☐ Semi-Monthly
CMECU Routing #: 27	1078094				
Deposit To	☐ Savings	☐ Checking	☐ Account No		
Signature					Effective Date