

APPLICATION FOR MEMBERSHIP
 Shares are not transferable except as authorized by the Credit Union.

Applicant Name _____ Date: _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Identification Presented: D.L. # _____ Birth Date: _____

By signing below I am applying for membership in this Credit Union, agree to follow its by-laws and amendments, pay any membership or entrance fee and subscribe for at least one share. I qualify for membership in this Credit Union because _____ Member # _____

Applicant's Signature X _____

**77th Street Depot Federal
 Credit Union**
5401 S. Wentworth Ave, Suite # 28
Chicago Illinois 60609

If checked, separate resolution is on file (for corporation, partnership, association or club).

Taxpayer I.D. Number - My correct taxpayer identification number is: _____
 (Social Security Number)

CERTIFICATION: Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding and (3) that I am a U.S. person; (including a U.S. resident alien).

Signature X _____ Date _____

Instruction: 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.

EXPENET © 1992, Bankers Systems, Inc., St. Cloud, MN Form MA-CUF-ILCU 228/2001 PROVIDED IN COOPERATION WITH THE ILLINOIS CREDIT UNION SYSTEM

**77th Street Depot Federal
 Credit Union**
5401 S. Wentworth Ave, Suite # 28
Chicago Illinois 60609

ACCOUNT AGREEMENT

Account Number _____ Date _____

Type of Account: Share Savings Share Certificate (check one box)

Account Ownership: (check one box)
 Individual Joint with Beneficiary Joint with Beneficiary Trust Account - Subject to Separate Agreement Dated: _____
 Joint Other: _____
 Custodian for _____ under the Illinois Uniform Transfers to Minors Act

Beneficiary Designation: _____
 Printed Name _____ Date of Birth _____ S/S Number _____ Relationship to Member _____

Account Name and Address _____

SIGNATURES - THE UNDERSIGNED AGREE(S) TO THE TERMS STATED ON THE FRONT AND BACK OF THIS ACCOUNT AGREEMENT GOVERNING THE ACCOUNT TYPE AND OWNERSHIP SELECTED ABOVE, and acknowledge(s) receipt of at least one copy on the date stated above.
 By checking the boxes below, the undersigned also agrees to the terms stated on the named Account Disclosures Form that apply to any approved account and acknowledge its receipt.

Funds Availability Truth In Savings Electronic Funds Transfer

(1) X (MEMBER) _____ (DATE OF BIRTH) _____ (TIN) _____
 (2) X (PRINTED NAME) _____ (DATE OF BIRTH) _____ (TIN) _____
 (3) X (PRINTED NAME) _____ (DATE OF BIRTH) _____ (TIN) _____

ALL JOINT OWNERS MUST SIGN ACCOUNT AGREEMENT

EXPENET © 1992 Bankers Systems, Inc., St. Cloud, MN Form MA-CUF-ILCU 228/2001 PROVIDED IN COOPERATION WITH THE ILLINOIS CREDIT UNION SYSTEM