

JACKSON AREA FCU SERVICES

A VARIETY OF SAVINGS

- > Share Savings
- > Christmas Club
- > Individual Retirement Account (IRA)
- > Share Certificate of Deposit
- > VIP Account
- > Coindexer Club
- > iCount
- > Free2B

CHECKING

- > NO minimum balance required
- > NO charge per check
- > NO maximum number of checks each month

HOME BANKING

- > Secure, easy to use, and FREE
- > See your account activity and history
- > Check your balances
- > Transfer funds from one credit union account to another
- > Request a check
- > View your account with FREE online e-Statement
- > Pay your bills online with Bill-Pay

VISA DEBIT CARD

Account Holders (Savings account only):

- > With your personal identification number (PIN), you may receive cash instantly at ATMs worldwide displaying Visa/Pulse/Cirrus/CULIANCE system logo
- > No transaction fee charged if used at CULIANCE, Dolphin ATM Alliance machines
- * *Please note that if you have a savings account only (no checking account) that your card cannot be used for retail purchases, bill payments, or other point of sale transactions.*

Account Holders (Checking and Savings account):

- > Pay from your checking account without writing a check with your free card
- > Can be used for retail purchases worldwide wherever Visa trademark is accepted
- > With your personal identification number (PIN), you may receive cash instantly at ATMs worldwide displaying Visa/Pulse/Cirrus/CULIANCE system logo
- > No transaction fee charged if used at CULIANCE, Dolphin ATM Alliance machines
- > Access your checking or share account and make withdrawals (debit card approval is required)

VISA (Platinum & Classic)

- No annual fee
- 25-day payment period after statement close
- \$250,000 free travel insurance
- Cash advances at any Cirrus ATM Machine
- ScoreCard Rewards

OTHER VISA SERVICES

- Reloadable prepaid cards
- Single load gift cards

TOTAL TELLER

Total Teller is our 24-hour automated response system at 601-922-7055, option 8. Thanks to Total Teller, you can receive account balances, transfer funds, check our rates, loan account information, even have a check sent directly to your home. For members with Share Draft Accounts (checking), you can find out which last ten transactions occurred on your account!

LOAN SERVICES

Whether your loan needs are small or large, we are here to help you. Repayment is tailored for your convenience. We offer the most affordable, low-cost rates available along with flexible terms to match your budget and your lifestyle. All loans are subject to credit approval. We provide the following types of loans:

- Auto/Boat/RV's
- Motorcycle/ATV/Tractors
- Savings/CD Secured
- Signature
- Line of Credits
- First Mortgage

OTHER SERVICES

- Disability & Credit Life Insurance
- GAP Protection
- Extended Auto Warranty
- Direct Deposit & Payroll Deduction
- Safe Deposit Boxes
- Money Orders
- Wire Transfers
- Night Depository
- Online Payment Center
- Remote Deposit Capture

When you join Jackson Area Federal Credit Union you become a shareholder in the credit union. All it takes to become a member is a \$25.00 initial deposit into a share savings account. There is no membership fee. The money you deposit represents your share or shares in the credit union. "Once a member, ALWAYS a member."

Download the JAFUC
MOBILE APP
for more ways to bank



Jackson Area Federal Credit Union

Serving the Jackson area and beyond...

OFFICE LOCATIONS

MAIN OFFICE

5675 Highway 18 West
Jackson, MS

BYRAM BRANCH

7375 Siwell Road
Byram, MS

ATM LOCATIONS

Main Office

Byram Branch

Jackson Police Dept. at 327 Pascagoula Street | Jackson, MS

OFFICE HOURS

Monday thru Friday | 8:30 a.m.-5:00 p.m.

DRIVE-THRU HOURS

Monday thru Thursday, Byram & Main | 8:30 a.m.-5:00 p.m.

Friday, Byram & Main | 8:15 a.m.-6:00 p.m.

MAILING ADDRESS

P.O. Box 1403 | Jackson, MS 39215-1403

WEB ADDRESS

jacksonareafcu.com

PHONE NUMBERS

Office | 601-922-7055

Toll Free | 1-800-273-5186

Fax | 601-922-3283

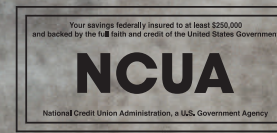
Total Teller 24-Hour Account Access | 601-922-7055, option 8

MEMBERSHIP APPLICATION

Jackson Area
Federal Credit Union

Serving the Jackson area and beyond...

JACKSON AREA FEDERAL CREDIT UNION



APPLICATION FOR MEMBERSHIP

Account Number _____

Name (Last, First, MI) _____

Social Security Number _____

Date of Birth _____

Mother's Maiden Name _____

Mailing Address _____

Physical Address (if different) _____

Date of Residence _____

Home Phone _____

Cell Phone _____

Driver's License Number _____

Employer _____

E-mail Address _____

Work Phone _____

Date of Hire _____

I hereby designate funds in my account(s) to be paid to the below listed beneficiaries. Those listed shall be joint tenants with rights of survivorship. If all designated beneficiaries are deceased, all funds shall be payable to my estate.

Beneficiary Name _____

Beneficiary Name _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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),
- 2 > I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3 > I am a U.S. person (including a U.S. resident alien).
- 4 > The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: Cross out item 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 and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to void any backup withholding.

Primary Owner _____

Date _____

SHARE DRAFT ACCOUNT AGREEMENT

I/We hereby authorize Jackson Area Federal Credit Union to establish this Share Draft Account for me/us. The Credit Union is authorized to pay checks signed by me or anyone whose signature appears on this agreement and to charge the payments against the Share Draft Account. It is further agreed that:

- a > The Credit Union is under no obligation to pay a share draft which exceeds the fully and collected balance in this account or a draft on which the date is more than six (6) months old. However, if any of the undersigned writes a share draft that would exceed such balance and result in this account being overdrawn, the Credit Union may:
 - 1 > Treat such a share draft as a request to the Credit Union for an advance from the Line of Credit Loan identified below sufficient to permit the Credit Union to pay such share draft and credit the loan advance to this account, or
 - 2 > If none of the undersigned is then eligible to receive a loan advance as provided above, the Credit Union may nevertheless, pay such share draft and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, from any other regular share account from which any of the undersigned is then eligible to withdraw shares.

b > Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or non-payment of a share draft.

c > The Credit Union may pay a share draft on whatever day it is presented for payment, regardless of the date or any other limitation appearing on the draft.

d > Any objection respecting any item shown on a periodic statement of the Share Draft Account is waived unless made in writing to the Credit Union within 60 days after the statement is issued.

e > All non-cash payment received for deposit in the Share Draft Account will be credited subject to final payment.

f > The Share Draft Account will be subject to service charges in accordance with rate schedules adopted by the Credit Union from time to time, as well as such other terms, conditions, and requirements as the Credit Union may establish.

g > If signed by more than one person, this agreement is subject to the additional terms of any Joint Share Account Agreement that applies to accounts in our joint names; or if there is no such agreement, this agreement is subject to the additional terms and conditions printed on this form.

Certification: Under penalties of perjury, I certify that: 1) The number shown on this form is my correct Taxpayer Identification No. and 2) I am not subject to backup withholding because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions: You must cross out item (2) above if you have been notified by IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding, you received another notification that you are no longer subject to backup withholding, do not cross out item (2).

PAYROLL DEDUCTION AUTHORIZATION

Member Name _____

Employer _____

Department # _____ Position _____

JAFUC Account # _____

MO S/MO WK B/WK

I authorize the deduction of _____ dollars each pay period from my salary for the purpose of investing in shares of the Jackson Area Federal Credit Union.

Deduction to begin on the pay period of this date, _____ or as soon thereto as possible.

I understand that Payroll Deduction is not required in the repayment of my loan to the credit union; however, for convenience, I voluntarily choose payroll deduction to repay my loan. Further, I understand that all payroll funds which are scheduled to be transferred to my loan account, including any amounts received by the credit union but not yet posted to my loan account, are available for withdrawal by me until the agreed upon date of transfer to my loan account.

Date _____

Signature _____

Social Security Number _____

Employee Initials _____

DIRECT DEPOSIT AUTHORIZATION

PRINT ALL INFORMATION **Attach a Voided Personal Check or Deposit Slip**

Employer's Name _____

Employer's Address _____

Employer's Phone Number _____

Employee Name _____

Social Security Number _____

CREDIT UNION INFORMATION		
Type of Account (Circle One)	Checking	Savings

Name: JACKSON AREA FEDERAL CREDIT UNION
Address: P O BOX 1403 JACKSON MS 39215-1403
Phone No.: (601) 922-7055
Transit-ABA No.: 2 6 5 3 7 7 0 7 3
Fixed Dollar Amount to be Deposited: \$ _____
Credit Union Account Number: _____

REMAINDER OF CHECK			
(Circle One)	Paper Check	Checking	Savings

Bank Name _____

Address _____

Phone No. _____

Account No. _____

Transit-ABA No. _____

AUTHORIZATION
I hereby authorize the net amount indicated above to be paid by credit to my account(s) with the financial institution(s) listed above and will continue until cancelled by me in writing.

Signature _____

Date _____