

Member Services

As a full-service financial institution, Arizona Central provides simple solutions to help you and your family achieve financial freedom! Unlike banks that are obligated to satisfy stockholders, credit unions are here to serve their members! That's why our priority is to return profits to members through higher dividends on savings, lower rates on mortgages and loans, and simple ways for our members to remain fee-free.

Member Share Account

- This is a basic savings account that each member must open to become a member/owner of a credit union.
- A minimum \$5 balance represents your ownership share in the credit union

Simple & Money Market Checking Accounts

- FREE Visa® Check Card
- FREE online, mobile and text banking
- FREE Bill Pay and eStatements
- CO-OP surcharge-free ATM network
- Simple ways to remain fee-free

Also available, Exempt-Funds Checking¹, a limited access account for managing funds not subject to garnishment.

Low Interest Loans

- New and used auto, RV and boat loans
- Debt consolidation
- Personal loans and lines of credit
- Mortgage and Home Equity loans¹

Visa® Gold, Classic & Secured Credit Cards¹

- No annual fees and low interest rates
- No fees for balance transfers or cash advances
- Travel accident insurance

Money Market Account

- Offers higher returns than a basic share account
- Tiered rates, so you'll earn more as your balance grows

Certificates, IRAs¹ & Health Savings Accounts¹

- Variety of terms and competitive rates
- Traditional, Roth and Coverdell Education Savings Accounts available
- Save for future medical expenses with a Health Savings Account

You-Name-It Savings Account™

- All members may have more than one savings account, and can label each account with a personalized name that represents their personal savings goal.

Payroll Deduction & Direct Deposit

- Convenient, easy and a safe way to make deposits
- Ability to set up automatic loan payments

Convenient Account Access

- eBRANCH online banking, mobile and Bill Pay
- Central Phone Banking, a 24-Hour TouchTone Teller for account transactions and inquiries
- Nation wide access to CO-OP shared branches
- Worldwide ATM access, including CO-OP surcharge-free ATM network

Enrollment & Application Instructions

Applying for credit union membership or new services is easy! Just follow these simple steps:

1. Complete the "Application for Membership & Services" inside this brochure.
2. If applying for membership, include a check or money order for at least \$5 with your application (\$5 minimum Member Share Account balance).
3. Include photocopies of valid identification for yourself and the joint owner (if applicable). Acceptable forms of I.D. include a non-expired driver's license, state-issued I.D. card, Military I.D., U.S. Passport, Resident Alien Card or Matricula Card.
4. Return your application, check or money order, and identification to any Arizona Central branch, or mail these items to:

Arizona Central Credit Union
Attn: Support Services
P.O. Box 11650
Phoenix, AZ 85061-1650

¹These products require a separate application. Ask an associate for details.



Member Service ■ Apply for a Loan
Central Phone Banking

Call (602) 264-6421 or toll free 1-866-264-6421
azcentralcu.org

Branch Locations

Chandler	1805 W. Chandler Blvd.
Flagstaff	2521 N. West St.
Flagstaff	1948 S. Woodlands Village Blvd.
Glendale	6901 W. Bell Rd.
Glendale	5552 W. Glendale Ave.
Phoenix	2020 N. Central Ave., #100
Show Low	4451 S. White Mountain Rd., Suite D
Tempe	3350 S. Price Rd.
Tucson	2150 W. Ina Rd.

Hours of Operation

M T T F	9:00 a.m. - 5:30 p.m.
W	10:00 a.m. - 5:30 p.m.

Our Solutions Center and lending teams are available on Saturdays from 10:00 a.m. – 2:00 p.m. at (602) 264-6421 or toll free 1-866-264-6421.



Locations nationwide • www.co-opsharedbranch.org • 1-888-SITE-CO-OP



Products & services described in this brochure are subject to change without notice.
Company NMLS#: 485260. Rev. 06/19

Membership Application



Application for Membership & Services

INSTRUCTIONS: Please supply all information requested. If you are already a member and are applying for additional services, please provide your member number on the right.	DATE	MEMBER # <i>(if currently a member)</i>
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STEP 1: Select the services you are applying for *(check all that apply)*

<input type="checkbox"/> REQUEST FOR MEMBERSHIP Please check if any of these apply to you: <input type="checkbox"/> Employer <input type="checkbox"/> Family Member <input type="checkbox"/> Age 55+ <input type="checkbox"/> Other _____		Member Eligibility Code <i>(for ACCU use)</i>
<input type="checkbox"/> REQUEST FOR YOUTH SAVINGS ACCOUNT <i>(optional):</i> <input type="checkbox"/> Monkey Money <i>(for members 12 years & younger)</i> <input type="checkbox"/> CU Succeed <i>(for members 13-17)</i>		
<input type="checkbox"/> REQUEST FOR CHECKING ACCOUNT Do you want Joint Owner's name printed on your checks? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone # to print on checks? _____		
<input type="checkbox"/> CHECKING ACCOUNT REQUESTED <input type="checkbox"/> Simple Checking <input type="checkbox"/> Money Market Checking <input type="checkbox"/> HSA <input type="checkbox"/> Exempt Funds <i>(requires separate agreement)</i>		
<input type="checkbox"/> REQUEST FOR OVERDRAFT PROTECTION <i>(Line of Credit for your checking account)</i> Amount: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> Other _____		
<input type="checkbox"/> REQUEST FOR VISA® CHECK CARD <input type="checkbox"/> Check to request card for Joint Owner Name of authorized user _____	<input type="checkbox"/> REQUEST FOR ATM-ONLY CARD <i>(Initial card issuing charge of \$5 plus \$5 monthly maintenance fee - not required if free Visa® check card is associated with the account.)</i> <input type="checkbox"/> Check to also request a card for a Joint Account Owner	
<input type="checkbox"/> REQUEST FOR LOAN Amount Requested \$ _____ Purpose: _____ Collateral: _____	I am also interested in the following <i>(separate application may be required for these products):</i> <input type="checkbox"/> Home Loan <input type="checkbox"/> Visa® Credit Card <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Money Market	

STEP 2: If applying for membership, complete this Tax Identification Number (TIN) Certification & Backup Withholding Statement

Please see an associate if you need assistance completing this section.

Under penalties of perjury, I certify by signing below that: (1) The number shown on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding (unless designated below), 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. citizen or other U.S. person (which includes U.S. resident aliens and U.S. entities); and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

I AM SUBJECT TO BACKUP WITHHOLDING *(if applicable)*

Exempt payee code *(if any)* _____ **Exemption from FATCA reporting code** *(if any)* _____

STEP 3: For all services, complete the primary member section *(complete joint owner/co-applicant section if applicable)*

PRIMARY MEMBER	NAME	SOCIAL SECURITY NUMBER/TAX ID	DATE OF BIRTH		
	STREET ADDRESS	CITY	STATE	ZIP	
	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	
	HOME PHONE ()	HOUSING <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER YEARS AT CURRENT ADDRESS:	MORTGAGE/RENT AMOUNT \$	IF MORTGAGE, PRESENT HOME VALUE \$	IF MORTGAGE, OUTSTANDING BALANCE \$
	EMPLOYER'S NAME <i>(required)</i>	EMPLOYER'S ADDRESS <i>(required)</i>		WORK PHONE ()	
	OCCUPATION	EMPLOYED <input type="checkbox"/> PERMANENT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME	YEARS	GROSS MONTHLY INCOME	
	PLEASE NOTE: Do not list child support or alimony as other source of income unless you want us to consider it in evaluating your creditworthiness.	OTHER SOURCE OF INCOME, IF ANY		MONTHLY AMOUNT	
	DO YOU PAY CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT: \$	AGES OF DEPENDENTS <i>(excluding self):</i>	EMAIL ADDRESS		

JOINT OWNER/CO-APPLICANT	NAME	SOCIAL SECURITY NUMBER/TAX ID	DATE OF BIRTH		
	STREET ADDRESS	CITY	STATE	ZIP	
	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	
	HOME PHONE ()	HOUSING <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER YEARS AT CURRENT ADDRESS:	MORTGAGE/RENT AMOUNT \$	IF MORTGAGE, PRESENT HOME VALUE \$	IF MORTGAGE, OUTSTANDING BALANCE \$
	EMPLOYER'S NAME <i>(required)</i>	EMPLOYER'S ADDRESS <i>(required)</i>		WORK PHONE ()	
	OCCUPATION	EMPLOYED <input type="checkbox"/> PERMANENT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME	YEARS	GROSS MONTHLY INCOME	
	PLEASE NOTE: Do not list child support or alimony as other source of income unless you want us to consider it in evaluating your creditworthiness.	OTHER SOURCE OF INCOME, IF ANY		MONTHLY AMOUNT	
	DO YOU PAY CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT: \$	RELATIONSHIP TO MEMBER	By initialing, co-applicant certifies he/she is applying for joint credit:		

STEP 4: Valid Identification is required to open your account. Indicate which form of I.D. you are providing.

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

PRIMARY MEMBER: Driver's License State I.D. Military I.D. Passport Resident Alien Matricula

ID# _____ EXP _____ STATE _____ COUNTRY _____

JOINT OWNER: Driver's License State I.D. Military I.D. Passport Resident Alien Matricula

ID# _____ EXP _____ STATE _____ COUNTRY _____

STEP 5: If applying for credit, please complete the following:

<input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit- Initial below to certify that you are applying for joint credit:	<p>NOTE: If applying for individual credit, do not complete marital status unless you reside in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI). Married persons may apply for credit in their own name. If you are married and live in a community property state or if you would like a joint account with your spouse, please provide information about your spouse in the co-applicant section (STEP 3).</p> <p>MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED)</p>
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NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE ()
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NAME & ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	HOME PHONE ()
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STEP 6: Review the terms of application and sign and date your application

“You” and “your(s)” refer to applicant and joint applicant. “We”, “us”, and “ACCU”, refer to Arizona Central Credit Union. By signing below, you the undersigned, certify under penalty of perjury, the information presented herein, supplied for the purpose of obtaining credit, is true and correct. You understand providing false or misleading information on a credit application violates state and federal law. You authorize ACCU to obtain credit reports in connection with this application and for any update, increase, renewal, extension or collection of the credit received. ACCU is authorized to make inquiries, as deemed necessary, to verify any information contained in this application and will use the information provided to verify the identity of all account holders/borrowers. You understand your account will not be opened if valid identification is not provided. Account holders will be screened through ChexSystems. Upon submission, this application becomes the property of ACCU. You authorize us to give information concerning your credit/account experience with us to others.

By signing below, you acknowledge receipt and agree to the terms and conditions of the Account Agreements & Disclosures booklet: Truth-in-Savings Disclosure, Membership & Account Agreement, Funds Availability Policy, Electronic Funds Transfer Agreement & Disclosure, and Privacy Notice Disclosure. Disclosures will also be provided for each service for which you have qualified. Use of the service by you or your agent ratifies that you agree to the terms and conditions set forth in the disclosures. You understand funds will be deducted from your savings account to cover overdrafts, unless you have funds available from an approved Overdraft Protection Line of Credit. You will be responsible for the resulting balance and subject to finance charges and other terms and conditions as disclosed to you in the Credit Agreement. You understand that having Non-Sufficient Funds (NSF) items may result in the closure of your checking account. You authorize us to deduct funds from any of your ACCU accounts to recover funds disbursed to you on any item returned unpaid or paid on your behalf, including fees associated with that item. ACCU does not identify the source of a deposit before it pays an overdraft, or offset. By depositing funds into ACCU you agree that we have your permission to pay overdrafts, offset negative balances, and pay monies owed to us by you with those funds. You authorize us to charge your account the amount necessary to pay for each order of checks. To maintain membership, \$5.00 (par value of one share) must remain on deposit in the Member Share Account. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By signing below you are requesting a personal identification number (PIN) for ATM access and Central Phone Banking TouchTone Teller access.

PLASTIC CARD SECURITY AGREEMENT AND PLEDGE. By signing this application, acceptance or authorized use of any credit/debit/ATM card(s) issued, I pledge our shares as defined by our Membership Agreement* to secure payment of my obligations on this account. Additional Security: I understand that collateral securing other loans will secure this account, and that property purchased with my card(s) will also secure this account.

*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. (See Visa® Credit Card Disclosure and Agreement for Terms).

INITIALS: _____

NAME <i>(as you would like it to appear on checks/cards if different than step 3):</i>	NAME <i>(as you would like it to appear on checks/cards if different than step 3):</i>
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The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____	X _____	X _____
MEMBER'S SIGNATURE	DATE	JOINT OWNER'S/CO-APPLICATION SIGNATURE <i>(if applicable)</i> DATE

FOR CREDIT UNION USE ONLY: Approved For: <input type="checkbox"/> Checking <input type="checkbox"/> QMC <input type="checkbox"/> Check Card <input type="checkbox"/> HSA Card Approved by (Teller Code): _____	THUMBPRINT
This application has been approved by the Board of Directors and entered.	
Membership Officer _____ Date _____ Teller Code _____	