

SIGNATURE CARD INSTRUCTIONS

This Additional Account Signature Card will establish one additional account under your current membership, as you indicate in the "TYPE OF ACCOUNT" section. Please complete and sign in INK; digital signatures will not be accepted.

Ensure primary and joint owners (if applicable) sign in ink and include a valid copy of their government issued ID. Return your completed form(s) by email to membership@usemployees.
org, mail, or drop off at a USECU office.

DIRECT DEPOSIT

Have your payroll or retirement funds directly deposited to your USECU checking account. You may then schedule automatic transfers to your savings and/or sub accounts.

ELECTRONIC SERVICES

- Access your accounts 24/7 via Home Banking at myusecu.org, the USECU Mobile App, or FEDS Audio Response System at 312.922.5310
- Your USECU Debit Card provides access to your Checking account funds at over 55,000 surcharge-free ATMs worldwide.
- Deposit checks using the Remote Deposit feature on our Mobile App.
- · Send or receive money using Zelle®.
- Transfer funds between your accounts at USECU and your account at another financial institution with the External Transfer feature on Home Banking.
- Pay your bills on the Free Home Banking Bill Payment feature.

USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering, 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 will also ask to see your driver's license, state issued identification, or other identifying documents.

Additional Account Signature Card

We're Here for You

I ICE I ACCOUNT AGREEMENT	
Member Number	Date
TYPE OF ACCOUNT: (check 1 box only) Oreferred Share Other Other	Club O Vacation Club
Member Name	
Street Address	
City/State/Zip	
Email Address	
○ Home Phone ○ Cellular Phone Wor	k Phone
ACCOUNT OWNERSHIP: (check 1 box only) Individual Individual with Beneficiary Joint* Organizational NextGen Checking* Other *With right of survivorship	O Joint with Beneficiary*
BENEFICIARY DESIGNATION: Printed Name Date of Birth S/S	S Number Relationship
If checked, the undersigned agrees to the terms on a separate Account Disc form and acknowledges its receipt. Accounts opened via the mail will receiv	
SIGNATURES:	,
X Primary Owner/Member Signature Sc	ocial Security Number
Printed Name Bi	rth Date
X	ocial Security Number
Printed Name Bi	irth Date
X Legal Owner/Member Signature Sc	ocial Security Number
Printed Name Bi	

MSR Initials

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