

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 18,000 members.

CMECU recently partnered with Health Care Association Federal Credit Union, Chicago Police – Commanding Officers and Sergeants Credit Union and Columbia College 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); or if you live, work or worship in the Austin/West Garfield Community and specifically the following zip codes: 60634, 60641, 60618, 60635, 60639, 60647, 60651, 60624, 60612 and 60644.

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.

Also eligible are employees and family members of employees for Metra, Grossinger Auto Group, Golub Real Estate Services LLC, and G4S Secure Solutions. Family members of eligible individuals are also welcome to join, including spouses or life partners; children (natural, foster or adopted); siblings and their spouses or life partners; parents; grandparents; grandchildren; and all step relations.

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:

1. 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.cmecunionline.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.
2. Once the forms are complete, print at least one copy.
3. 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.

[Begin Enrollment Process](#) 



Member Services Request

NEW UPDATE DATE: _____ MEMBER NO: _____

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 when opening a new 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.**

MEMBER/OWNER INFORMATION

Update

Member/Owner Name:		SSN/TIN:	
Mailing Address:		ID Type:	
City/State/Zip:		ID Number:	
Physical Address:		ID Issuing State:	ID Issuing Date:
City/State/Zip:		ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:	
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:	
Employer:		Occupation/Title:	

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Joint Owner UTMA/UGMA Custodian Agent Other Authorized Signer (Describe): _____
 Add Update Remove See Account Authorization Card

Name #1:		SSN/TIN:	
Mailing Address:		ID Type:	
City/State/Zip:		ID Number:	
Physical Address:		ID Issuing State:	ID Issuing Date:
City/State/Zip:		ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:	
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:	
Employer:		Occupation/Title:	

Joint Owner Agent Other Authorized Signer (Describe): _____
 Add Update Remove See Account Authorization Card

Name #2:		SSN/TIN:	
Mailing Address:		ID Type:	
City/State/Zip:		ID Number:	
Physical Address:		ID Issuing State:	ID Issuing Date:
City/State/Zip:		ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:	
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:	
Employer:		Occupation/Title:	

JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)

Joint Owner Agent Other Authorized Signer (Describe): _____
 Add Update Remove See Account Authorization Card

Name #3: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Primary Phone: _____ Listed Unlisted E-Mail: _____
Secondary Phone: _____ Listed Unlisted Security Code: _____
Employer: _____ Occupation/Title: _____

ACCOUNT TYPES

Share/Savings: _____ Add Remove Money Market: _____ Add Remove
 Share Draft/Checking: _____ Add Remove Other: _____ Add Remove
 Share Certificate/Certificate: _____ Add Remove Other: _____ Add Remove

ACCOUNT SERVICES

ATM Card: _____ Add Remove Overdraft Protection Update
 Debit Card: _____ Add Remove Indicate transfer priority:
 Audio Response: _____ Add Remove 1. _____
 Internet Banking: _____ Add Remove 2. _____
 Mobile Banking: _____ Add Remove 3. _____
 Bill Payment: _____ Add Remove 4. _____
 Other: _____ Add Remove

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts Designate Specific Accounts: _____
 Add Update Remove Add Update Remove
Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
SSN/TIN: _____ Date of Birth: _____ SSN/TIN: _____ Date of Birth: _____
Street: _____ Street: _____
City/State/Zip: _____ City/State/Zip: _____

UTMA/UGMA
_____ (as custodian for _____ (minor)
under the Uniform Transfers/Gifts to Minors Act.) Minor's SSN/TIN: _____

Agency
Name of Agent: _____
Signature: _____ Date: _____
 All Accounts Designate Specific Accounts: _____

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), and*
- (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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).*

Certification Instructions. Check the box for item 2 above if you have been notified by the IRS that backup withholding applies. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt 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/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed 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 and conditions of the applicable disclosures noted above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member/Owner	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Approved By: _____ Membership Eligibility: _____

Member Verification: _____

Verification List(s) Checked: OFAC Other: _____

List Verification Completion Date: _____ By: _____

Reports Checked: Credit Report Check Verification Report Other: _____

Overdraft Protection Opt-in Completion Date: _____



18 S Michigan Ave Ste 1000
Chicago, IL 60603



**PAYROLL DEDUCTION
DIRECT DEPOSIT
AUTHORIZATION**

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Initial Authorization Change in Authorization

Member No: _____

Member: _____

Employer: _____

SSN/TIN: _____

Home Phone: _____ Work Phone: _____

Payroll No: _____

I hereby authorize my employer to deduct from my salary the amounts indicated on this Authorization and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization. I grant the Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount: Net Check \$ _____ Payroll Period: Weekly Monthly

Biweekly Semi-Monthly

Credit Union R/T No: _____

Deposit To: Savings Checking Account No: _____

 X
Signature _____

Effective Date _____

CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	# _____	\$ _____	or	_____ %
Share/Savings	# _____	\$ _____	or	_____ %
Money Market	# _____	\$ _____	or	_____ %
Loan	# _____	\$ _____	or	_____ %
Loan	# _____	\$ _____	or	_____ %
IRA	# _____	\$ _____	or	_____ %
Other: _____	# _____	\$ _____	or	_____ %
Other: _____	# _____	\$ _____	or	_____ %
	TOTAL	\$ _____	TOTAL	_____ %



PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Initial Authorization Change in Authorization

Member No: _____

Member: _____

Employer: _____

SSN/TIN: _____

Home Phone: _____ Work Phone: _____

Payroll No: _____

I hereby authorize my employer to deduct from my salary the amounts indicated on this Authorization and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization. I grant the Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount: Net Check \$ _____ Payroll Period: Weekly Monthly

Biweekly Semi-Monthly

Credit Union R/T No: _____

Deposit To: Savings Checking Account No: _____

 X
Signature _____

Effective Date _____

CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	# _____	\$ _____	or	_____ %
Share/Savings	# _____	\$ _____	or	_____ %
Money Market	# _____	\$ _____	or	_____ %
Loan	# _____	\$ _____	or	_____ %
Loan	# _____	\$ _____	or	_____ %
IRA	# _____	\$ _____	or	_____ %
Other: _____	# _____	\$ _____	or	_____ %
Other: _____	# _____	\$ _____	or	_____ %
		TOTAL \$ _____		TOTAL _____ %



**PAYROLL DEDUCTION
DIRECT DEPOSIT
AUTHORIZATION**

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Initial Authorization Change in Authorization

Member No:

Member: _____

Employer: _____

SSN/TIN: _____

Home Phone: _____ Work Phone: _____

Payroll No: _____

I hereby authorize my employer to deduct from my salary the amounts indicated on this Authorization and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization. I grant the Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount: Net Check \$ _____

Payroll Period: Weekly Monthly

Biweekly Semi-Monthly

Credit Union R/T No: _____

Deposit To: Savings Checking

Account No: _____

X

Signature

Effective Date

PROXY

The undersigned does here by constitute an 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 and year to year, until and unless this proxy is cancelled 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.

Signed this _____ day of _____, 20 _____

ACCOUNT NUMBER

SIGNATURE