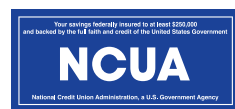


JAFUCU Services

A VARIETY OF SAVINGS

Share Saving
Christmas Club
Individual Retirement Account (IRA)
Share Certificate of Deposit
VIP Account
boom! Youth Program



ATM CARD

- Free ATM Card and may be used 24 hours a day.
- No transaction fee charged if used at CU24/CUHERE machines.
- You can make withdrawals from your checking or share account.

CHECKING

NO Monthly Service Charge!
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

DEBIT CARD

- 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®/CU24/CUHERE® System logo.
- No transaction fee charged if used at CU24/CUHERE ATM machines.

(debit card approval is required)

VISA

- 8.90% annual percentage rate
- No annual fee
- 25-day grace period on purchase
- \$250,000 free travel insurance
- Cash advances at any Cirrus ATM machine

TOTAL TELLER
24 HOUR AUTOMATED RESPONSE
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:

New or Used Car/Truck/Motorcycle
New or Used Recreational Vehicles

New or Used Boats

Signature
Line of Credit
Share Secured
Certificate Secured
Student Loans
Home Equity
Second Mortgage
First Mortgage



OTHER SERVICES

Member's Choice Disability & Term Life Insurance
Member's Choice GAP Protection
Member's Choice Auto Care (Mechanical Repair Coverage)
Direct Deposit & Payroll Deduction
Safe Deposit Boxes
Travelers Cheques
Money Orders
Wire Transfers

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."

Office Locations

Main Office
5675 Highway 18 West
Jackson, MS

Byram Branch
7384 Siwell Road
Byram, MS

ATM Locations

Byram Branch

Jackson Police Dept.

327 Pascagoula St.

Main Office

Jackson, MS

Office Hours

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

Drive-Thru Hours

8:30 a.m. - 5:00 p.m.
Monday - Thursday
8:30 a.m. - 6:00 p.m.
Friday Only
ATM at Main Office

Mailing Address

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

Web Address

www.jacksonareafcu.com

Phone Numbers

Office
601-922-7055

Fax
601-922-3283

Toll Free
1-800-273-5186

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

Jackson Area Federal Credit Union

Serving the Jackson area and beyond...

Your savings federally insured to at least \$250,000
and backed by the full faith and credit of the United States Government

NCUA

National Credit Union Administration, a U.S. Government Agency



www.jacksonareafcu.com
922-7055
1-800-273-5186

Application for Membership

Account Number _____ Name (Last, First, MI) _____

Complete Address _____

Employer _____ Work Phone _____

Home Phone _____ Cell Phone _____

Date of Birth _____

Email Address _____

Social Security No. _____ - _____ - _____

Driver's License No. _____

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).

By signing below, I hereby make application for membership in and agree to conform to the bylaws and amendments thereof in the Jackson Area Federal Credit Union and agree that the credit union may change those terms and conditions from time to time.

SINGLE ACCOUNT: I hereby designate funds in my account(s) and any Life Savings Insurance 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 _____

JOINT ACCOUNT: Those listed will be the beneficiary(ies) to my funds in my account(s) and any Life Savings Insurance shall be joint tenants with right of survivorship. If all designated joint owners are deceased, the account will be payable to my estate. ***See Joint Share Account Agreement***

Joint Owner _____ Date of Birth _____ Social Security No. _____

Joint Owner _____ Date of Birth _____ Social Security No. _____

SIGNATURE(S)

 Primary Owner _____ Date _____

 Joint Owner _____ Date _____

 Joint Owner _____ Date _____

Approved by Credit Union Officer _____

Date _____

JOINT SHARE ACCOUNT AGREEMENT

Jackson Area Federal Credit Union is authorized to recognize any of the signatures of the persons signed above in the payment of funds or the transaction of any business for this account. The joint owners of this account agree with each other and with the Credit Union that all sums now paid in on shares, whenever they may have been paid in, along with all earnings of shares, are owned by them jointly, or by the survivor of the either, and (where joint owners are husband and wife) each joint owner hereby makes a gift to his or her spouse of a complete and immediate joint ownership in all said sums, with the right of survivorship and not as tenants in common and any funds paid to or received by any of them or the survivor(s) shall be valid and discharge the Credit Union from any liability for such payment. Further, that the survivor(s) shall be the beneficiary of any life savings insurance on the account(s). Any or all of said joint owners may pledge all or any part of the Shares in this account as collateral security to a loan or loans.

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:

- Only share draft blanks and other methods approved by the Credit Union may be used to make withdrawals from this account.
- 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:
 - Treat such a share draft as a request to the Credit Union for an advance (in multiples of \$50) from the Line of Credit Loan indentified below sufficient to permit the Credit Union to pay such share draft and credit the loan advance to this account, or
 - 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.
- Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or non-payment of a share draft.
- The Credit Union may pay a share draft on whatever day it is presented for payment, regardless of the date or any other limitaton appearing on the draft.
- 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 mailed.
- All non-cash payment received for deposit in the Share Draft Account will be credited subject to final payment.
- 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.
- 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.

Payroll Deduction AUTHORIZATION

Member Name _____

Source # _____

Department # _____ Employee # _____

JAFUCU 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, Address, and 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 _____