



MEMBERSHIP APPLICATION

A \$5 minimum deposit is required with this completed form and photocopy of your driver's license or picture ID (signed) to open a new share savings account. When opening a checking account, be sure to complete and return a check order form with this application and deposit at least \$25 to open your new account. If you have any questions about this application, please call us at 651-451-5160 or 1-800-813-9185

DATE	MEMBER NUMBER	NAME
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Type of Account Desired (Check all that apply.)

<p>Share Savings Account (Required)</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Payable on Death (POD) <input type="checkbox"/> Transfers to Minors (UTMA) <input type="checkbox"/> Organization</p> <p><input type="checkbox"/> Holiday Club Account</p> <p><input type="checkbox"/> Money Market Savings</p> <p><input type="checkbox"/> "Bean Sprout Savers Club" (ages 0-12)</p> <p><input type="checkbox"/> "T.E.A.M. Club" (ages 13-17)</p> <p><input type="checkbox"/> Certificates (Call for rates and terms)</p>	<p>VISA Credit Cards (see other side)</p> <p>Amount Requested \$ _____</p> <p><input type="checkbox"/> Classic</p> <p><input type="checkbox"/> Gold</p> <p>Checking Accounts</p> <p><input type="checkbox"/> Heartland FREE</p> <p><input type="checkbox"/> Interest Plus</p> <p><input type="checkbox"/> Performance Plus</p> <p><input type="checkbox"/> 55 Prime Plus</p>	<p>Other Services</p> <p><input type="checkbox"/> Direct Deposit/Payroll Deduction</p> <p><input type="checkbox"/> Ready Cash Plus Loan (overdraft protection) Amount Requested \$ _____</p> <p><input type="checkbox"/> Heartland@Home (Internet Access)</p> <p><input type="checkbox"/> CUTELE 24 Hour Telephone Transaction PIN</p> <p><input type="checkbox"/> Check/Debit/ATM Card</p> <p><input type="checkbox"/> One Card <input type="checkbox"/> Two Cards</p>
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Applicant (Please print. Complete all sections and sign on the back.)

NAME: LAST	FIRST	MIDDLE	EMPLOYER	POSITION/TITLE	YEARS EMPLOYED
STREET ADDRESS (NO PO BOXES)		YEARS AT RESIDENCE	GROSS MONTHLY INCOME \$	<input type="checkbox"/> RENTER <input type="checkbox"/> HOME OWNER	MONTHLY PAYMENT \$
CITY	STATE	ZIP	EMAIL ADDRESS		
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)			HOME PHONE ()	BUSINESS PHONE ()	
DRIVERS LICENSE OR STATE ID#			MEMBERSHIP ELIGIBILITY: <input type="checkbox"/> CHS <input type="checkbox"/> LOL <input type="checkbox"/> DAKOTA COUNTY <input type="checkbox"/> FAMILY <input type="checkbox"/> OTHER _____		
SOCIAL SECURITY #		DATE OF BIRTH	SECURITY/ PASSWORD (I.E., MOTHER'S MAIDEN NAME, PET NAME, ETC.)		

Checking Account (Main applicant must complete the following information.)

Has anyone on this application had a checking account closed by a financial institution without his or her consent within the last 12 months, or ever been convicted of a criminal offense because of the use of a check or similar item within 24 months of making this application?

Yes No

If yes, please list financial institution and explain. _____

Joint Applicant (Please complete if you wish to have another individual listed joint on your account as indicated in Type of Account section.)

NAME: LAST	FIRST	MIDDLE	EMPLOYER	POSITION/TITLE	YEARS EMPLOYED
STREET ADDRESS (NO PO BOXES)		YEARS AT RESIDENCE	GROSS MONTHLY INCOME \$	<input type="checkbox"/> RENTER <input type="checkbox"/> HOME OWNER	MONTHLY PAYMENT \$
CITY	STATE	ZIP	EMAIL ADDRESS		
MAILING ADDRESS IF DIFFERENT THAN ABOVE			HOME PHONE ()	BUSINESS PHONE ()	
DRIVERS LICENSE OR STATE ID#			SECURITY/ PASSWORD (I.E., MOTHER'S MAIDEN NAME, PET NAME, ETC.)		

PLEASE COMPLETE AND SIGN BACK OF APPLICATION

POD or UTMA Designation

(Note: One child per UTMA. Age to disburse funds 18 or 21)

1. Name _____	2. Name _____
Date of Birth _____	Date of Birth _____
Address _____	Address _____
Phone Number _____	Phone Number _____
Social Security # _____	Social Security # _____

Important Information About Procedures For Open 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 to you: When you open an account, we will ask 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.

Authorization and Signatures (Both signatures required for a joint account.)

By signing below, I/we acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings and Fee Schedule, Funds Availability Policy and Electronic Funds Transfer Agreement, and any amendments the credit union makes to these documents from time to time. HCU is authorized to check my/our account, credit, identity and employment history and to obtain a consumer report from third parties, including credit reporting agencies to verify my/our eligibility for the accounts and services requested in connection with this application and for any update, renewal, or extension of credit or services. If a Visa card(s) is/are approved and issued, I/we agree that by signing, using or permitting another to use the card(s) I/we will be bound by the cardholder disclosure included with the credit card(s).

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 to me), 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 US citizen (including a US resident alien).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

Visa Applicants: I/We understand that the use of this credit card constitutes acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures mailed to me/us. In addition, I/we grant Heartland Credit Union a security interest in all individual and joint share and/or deposit accounts I/we have with you now and in the future to secure my/our credit card account. When I/we am/are in default, I/we authorize you to apply the balance in these accounts to any amounts due. 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 I/we have given in my/our shares and deposits.

X _____	_____	X _____	_____
MEMBER'S SIGNATURE	DATE	JOINT MEMBER'S SIGNATURE	DATE

ANY FAX TRANSMISSION OF YOUR SIGNATURE MAY BE HELD EQUALLY ENFORCEABLE AS YOUR GENUINE SIGNATURE.

Account Type	Annual Fee	Annual Percentage Rate for Purchases, Cash Advances, and Balance Transfers	Grace Period for Repayment of Balances	Method of Computing the Balance	Transaction Fees for Purchases	Minimum Finance Charge
VISA	-\$0-	6.9% (monthly periodic rate is .575%) for the first two billing cycles and 12.9% (monthly periodic rate is 1.075%) thereafter.	Purchases - 25 Days	Average Daily Balance Method (including new	None	None
VISA Gold	-\$0-	6.9% (monthly periodic rate is .575%) for the first two billing cycles and 10.9% (monthly periodic rate is .908%) thereafter.				

The "other" charges affecting each Heartland VISA account include: "Rush" card fee - \$20 each; Statement copies - \$5 each; Copies of sales drafts - \$5 each (originals are \$10 each); Returned NSF payments - \$28 each; Lost card replacement - \$10 each; Chargebacks - \$5 each; Over-the-limit fee - \$20/month; and Late payment fee - \$20/month. The rates, terms, and fees described are accurate as of 2/1/06.

FOR OFFICE USE ONLY						
OFAC Check	eFunds Check	ID Verified	Checks Ordered	Credit Bureau	Teller #	Employee