

CHECKING HIGHLIGHTS

•FREE Check Imaging

(You get a copy of every paid check)

•FREE Check Starter Kit

(Starter Checks Available in lobby only)

•Duplicates

(Duplicate Copy of Each Check You Write)



•Overdraft Protection from Savings

(Automatic transfers to cover overdrafts)

•Payroll Deduction / Direct Deposit

(Enroll today and start saving money)

•Monthly Statement / Monthly Dividends

(Competitive Dividend Rates)

•ATM / DEBIT Card Access

(Application on the reverse side)



•24 Hour Telephone Access

Dial (847) 670-7070

Free Online Banking and Online Bill Payment

Access Metro's Webpage at

<http://mco.org>

SCHEDULE OF CHECKING ACCOUNT SERVICE CHARGES

ACCOUNT DESCRIPTION: SERVICE CHARGES

STUDENT CHECKING

•Monthly Service Charge.....	None
•Monthly Below Minimum Balance Fee *.....	None
•ATM Transaction Fees - Withdrawals, Transfers, Inquires - First 6 Free , Additional Transaction \$1.00 Each	None

ADDITIONAL TERMS:

- * Be between 16-23 years of age
- * Must be enrolled as a full or part time student
- * \$50 savings account balance required at all times
- * For students under 18, parent must be a joint applicant on account
- * 12 Months after graduation, the account will be converted to a Regular or Premier (Direct Deposit) Checking.

ATM CARD / VISA DEBIT CARD

•Deposits.....	FREE
•Point-of-Sale (POS) Transactions.....	FREE
•ATM Withdrawal, Transfer, Inquiries (6 Free) ATM Card / Pin Replacement Fee.....	\$1.00 \$10.00
•Annual Fee (FREE with Checking Account)...	\$15.00

OTHER FEES:

•Stop Payment	\$15.00
•Stop Payment on a Series of Checks.....	\$30.00
•Automatic Overdraft Transfer from Shares.....	\$15.00
•Check Copy Fee (Each).....	\$4.00
•Microfiche Statement Copy (Each).....	\$5.00
•Non-Sufficient Funds - by Check or EFT (Each)	\$30.00
•Privilege Check/ACH Pay Fee.....	\$25.00
•Temporary Checks (Quantity = 4).....	\$1.00

METRO ATM LOCATIONS

All ATM withdrawals, transfers, and inquiries are free of any transaction Service Charges at any METRO ATM location when using your METRO ATM/Debit card.

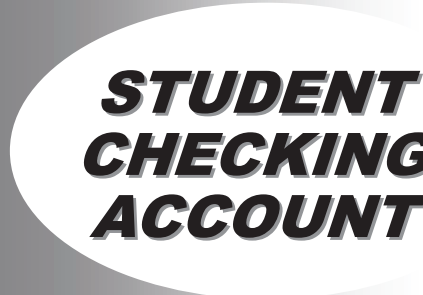


It's Convenient, Reliable, Simple, and Safe!

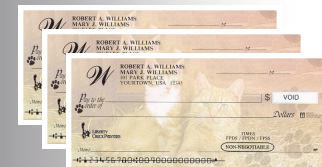
METRO FEDERAL CREDIT UNION
2440 E. Rand Road * Arlington Heights IL 60004
Main (847) 670-0456 Fax (847) 670-0401



• Application Inside



**150 FREE CHECKS
A \$15.00 VALUE**



FREE DEBIT CARD



FOR MORE INFORMATION VISIT

[HTTP://MCO.ORG](http://mco.org)

CHECKING ACCOUNT APPLICATION

SELECT CHECKING ACCOUNT :

[] REGULAR CHECKING [] PREMIER CHECKING - Direct Deposit Required
 STUDENT CHECKING

First - Middle - Last Name			JOINT—First - Middle - Last Name		
Social Security #	Birth Date	Mothers Maiden Name	Social Security #	Birth Date	Mothers Maiden Name
Address			Address		
City , State , Zip			City , State , Zip		
Home Phone		Work Phone	Home Phone		Work Phone

ACCOUNT DISCLOSURES

Metro pays dividends monthly, on the last day of the month. Dividends are declared on the 1st day of each month and are in effect until the last day of the month. The stated APY assumes interest remains on deposit. Interest begins to accrue on the day of deposit for both cash and noncash (check) deposits. Account withdrawals, penalties, or fees may reduce earnings and the stated APY. Dividend rates are subject to change monthly. For current rates call (847) 670 -0456. **Prerequisites:** Primary Savings Account with a minimum balance of \$50.00. Refer to "Account Services" for full details on savings account requirements. Insurance: Member Accounts in METRO Federal Credit Union are federally insured by the National Credit Union Administration, an agency of the Federal Government.

CHECKING ACCOUNT AGREEMENT WITH OVERDRAFT PAYMENT PROVISIONS

I/We hereby authorize METRO Federal Credit Union (the Credit Union) to establish this Checking Account for me/us. The Credit Union is authorized to pay checks signed by either of us and to charge all such payments against the balance of this Account. **It is further agreed that:**
(a) Only blank checks and other methods approved by the Credit Union may be used to make withdrawals from this account.
(b) The Credit Union is under no obligation to pay a check that exceeds the fully paid and collected account balance in this Account. However, if any of the undersigned writes a check that would exceed such balance and result in this Account being overdrawn, the Credit Union may pay such check and transfer funds to this Account in the amount of the resulting overdraft, plus a service charge, from any other regular savings account from which any of the undersigned is then eligible to withdraw funds.
(c) The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any limitation on the time of payment) appearing on the share draft.
(d) When paid, checks become the property of the Credit Union and will not be returned with the monthly statement of this Account.
(e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check.
(f) Any objection respecting any item shown on a monthly statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.
(g) This Account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.
(h) This agreement authorizes the Credit Union to obtain a credit check on the applicant(s).
(i) If this Agreement is signed by more than one person, the person signing below shall be the joint owner of this Account and shall be subject to the terms and conditions listed above.
(j) Collection Costs: If your account becomes overdrawn, and you refuse to resolve the overdraft, we may hire or pay someone else to help collect any funds owed us. You also agree to pay all usual and customary costs of collection including but not limited to reasonable attorney's fees, applicable court costs, and collection agency fees, to the extent allowed by applicable laws or regulations.

TERMS & CONDITIONS

(JOINT CHECKING ACCOUNT AGREEMENT)

The Credit Union is hereby authorized to recognize any of the signatures subscribed above hereof in the payment of funds or the transaction of any business for this Account. The joint owners of this Account hereby agree with each other and with the Credit Union that all sums now paid in on account, or heretofore or hereafter paid in on account by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to either of them or the survivor shall be valid and discharge the Credit Union from any liability for such payment. The right or authority of the Credit Union under this Agreement shall not be changed or terminated by said owners, or any of them except by written notice to the Credit Union which shall not effect transactions theretofore made.

SIGNATURES: I (we) understand that by signing below, I (we) have read the above terms and conditions concerning this Checking Account Application including the ATM/DEBIT card Application section (if applicable).

SIGNATURE.....DATE.....

SIGNATURE.....DATE.....

ATM/DEBIT CARD APPLICATION

I (we) understand that: I (we) will be bound by the terms and conditions of the Visa DEBIT/ATM Card Agreement which will be mailed to me once approved. By signing below and/or using this Card, I (we) agree to be bound by the terms and conditions outlined in the agreement. I (we) authorize METRO to obtain credit reports in connection with this application.

SIGNATURE.....DATE.....

SIGNATURE.....DATE.....

IMPORTANT: PLEASE SUBMIT A COPY OF YOUR STATE DRIVERS LICENSE OR ILLINOIS STATE ID.

CHECK ORDER FORM

PLEASE TYPE OR PRINT INFORMATION AS IT APPEARS ON THE CHECKS:

LINE 1
 LINE 2
 LINE 3
 LINE 4

Check Box to Ship Checks to METRO Federal Credit Union

R&T# 271975401 Acct#

Check Style: Style Code:.....

Style Name:.....

Boxes of Checks :
 (150 Checks per box for duplicates, 180 checks for singles depending on check styles)

Starting Number:.....

Special Instructions:

- Monogram.....
- Accent:.....
- 2nd Sign. Line
- (Copy.....)
- Address Stamp Endorsement Stamp
- Leather Covers:.....
- Wallet Style:.....Color:.....

Type Styles: HM/HR Helvetica LC Lydian Cursive
 CS Commercial Script OE Old English
 TB/TR Times Roman

Desk Manager Checks:

- Antique Blue Safety Cover (optional)

Executive Business Checks:

- Stub Style: Standard Payroll Cover (optional)

FOR OFFICE USE ONLY:

- REGULAR CHECKING BUSINESS CHECKING
- PREMIER CHECKING
- VISA CHECK & CASH CARD
- FREE BOX OF CHECKS (\$15.00 VALUE)

APPROVED BY:.....

DENIED BY:.....

REASON:.....

CHECKS ORDERED BY:..... DATE.....

STARTING #:.....

MEMBER DEBIT CARD# 4423 4100 DATE ORDERED:.....
 JOINT MEMBER DEBIT CARD# 4423 4100 DATE ORDERED:.....