

Overdraft Protection

Name _____

Social Security # _____

Street Address _____

City, State, Zip _____

Home Phone (_____) _____ - _____

Years at this Address _____

Monthly Mortgage/Rent \$ _____

Employer Name _____

Employer Address _____

Work Phone (_____) _____ - _____

Start Date _____

Monthly Income \$ _____

If Checking Account is a joint account:

Name _____

Social Security # _____

Street Address _____

City, State, Zip _____

Home Phone (_____) _____ - _____

Years at this Address _____

Monthly Mortgage/Rent \$ _____

Employer Name _____

Employer Address _____

Work Phone (_____) _____ - _____

Start Date _____

Monthly Income \$ _____

Line of Credit Amount Requested:

\$500 \$1,000 Other \$ _____

Link to MPCU Checking Account:

Account # _____

Please choose one of the following Overdraft Protection options (see Checking Accounts brochure for plan details):

___ Plan 1
Cash Reserve Line of Credit Loan in \$50.00 increments
at an 18.00% annual percentage rate

___ Plan 2
(a) Cash Reserve Line of Credit Loan in \$50.00 increments,
then (b) exact dollars from Main Share or Money Market
Account # _____

___ Plan 3
(a) Exact dollar amount from Main Share or Money Market
Account # _____, then (b) Cash Reserve
Line of Credit Loan in \$50.00 increments

___ Plan 4
Exact dollar amount from Main Share or Money Market
Account # _____

_____ I/We elect to have the monthly payment automatically transferred from the linked checking account on the payment due date if there is an amount due on my/our Overdraft Protection account.

Authorization: You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

Applicant's Signature: _____ Joint Applicant's Signature: _____

Date: _____ Date: _____

LOCATIONS

Adams Village Branch

494 Gallivan Boulevard
Dorchester, MA 02124
Phone: 617-265-6967
Fax: 617-436-3245

Mass. Ave. Branch (limited access)

1165 Massachusetts Ave.
Dorchester, MA 02125
Phone: 617-427-2010
Fax: 617-541-2950

Medford Branch/Operations

29 High Street
Medford, MA 02155
781-905-1500
Fax: 781-306-0681

Plymouth Branch (limited access)

600 Rocky Hill Road
Plymouth, MA 02360
Phone: 508-830-8889
Fax: 508-830-8881

Norwood Branch

111 Lenox Street, Unit 101
Norwood, MA 02062
Phone: 781-702-5969
Fax: 781-702-5979

Telephone Banking

781-306-0509
1-866-236-MPCU (6728)

www.memberspluscu.org

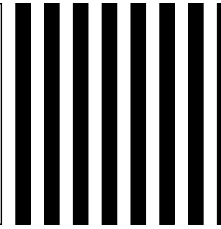
Members*PLUS*
C · R · E · D · I · T U · N · I · O · N



Federally insured by NCUA

#602 Rev. 11/12

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 9924 BOSTON MA

POSTAGE WILL BE PAID BY ADDRESSEE

MEMBERS PLUS CREDIT UNION
29 HIGH ST
MEDFORD MA 02155-9878



Applications

VISA® Check Card
ATM Access
Overdraft Protection



Members*PLUS*
C · R · E · D · I · T U · N · I · O · N