

Financial Institution Annual Membership Agreement



Date _____

Thank you for agreeing to participate in the Northern Indiana Bank On Alliance initiative! The purpose of this Membership Agreement is to outline the steps your financial institution is committing to take in order to be a participating member.

Although this is not a legally binding agreement, it expresses the intention of your financial institution to actively engage in the Bank On effort in Northern Indiana. In the event your financial institution wishes to discontinue its participation, it may do so by notifying the appropriate *Northern Indiana Bank On Alliance* chairperson. The purpose of this initiative is to connect people in your local community who are unbanked or underbanked with mainstream financial services including: affordable checking, savings and financial education opportunities for which they would not otherwise qualify.

Membership Commitments

_____ agrees to:
(Financial Institution Name)

- Attend meetings regularly.
- Offer products and services that meet or exceed the following criteria:
 - Low-cost or no-cost to open
 - Have no minimum balance requirements or check writing fees on checking products
 - Have low or no minimum balance requirements on savings products
 - Reduced maintenance fees for savings accounts
 - **Optional: Open accounts for consumers with ChexSystems records (excluding fraud)**
 - **Optional: First set of NSF/overdraft fees waived**
- Participate in tracking and sharing data universally accepted by all institutions in a timely manner.
- Make a commitment to orient and train frontline employees on the Bank On program and the Institution's respective Bank On accounts and processes.
- Make available *Northern Indiana Bank On Alliance* marketing and education materials at branch locations.
- Make a good faith effort to comply with all *Northern Indiana Bank On Alliance* recommendations, including considering recommendations that are strongly encouraged but not required.
- Commit to working with members of *Northern Indiana Bank On Alliance* to provide financial fitness classes for which facilitation training and curriculum may be provided.

Product Information

Please populate the table below with the Bank On products that your financial institution will offer.

Account Type	Product Name	Minimum Opening Balance	Monthly Maintenance Fee	ChexSystems Yes or No	Out of Network ATM Fees
Savings Account		\$	\$		
Checking Account					
Secured Credit Card					
Other: please specify					

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Organization Information

Institution Name	
Institution Type <i>(Bank or Credit Union)</i>	
Main Office Address	
Phone Number	
Website	

Participating Branches

Please populate the table below OR attach an EXCEL list of all participating branches.

Branch Name	Address	Phone Number	Lobby Hours	Drive Thru Hours

Agreement

Financial Institution Representative [Printed Name/Signature/Title]

Date

Northern Indiana Alliance Representative [Printed Name/Signature/Title]

Date