

Checking Account Agreement

Member Account #:

Name: _____

Joint Name: _____

Address: _____

Street _____

City/State _____

Zip Code _____

Please Print Carefully or Type

Fill out Box Exactly the way you want
Your Checks to be Printed

1. Checks can be imprinted with a maximum of five lines.
2. These lines may consist of one or two names, address, and telephone number (if you wish).

Please attach a good photocopy of each member's driver's license to this application

In this agreement, I, ME, MINE, and MY mean each and all of those who signed this Checking/Share Draft Agreement. The words YOU, YOUR, and YOURS means UFCW Local 1776 Federal Credit Union. I authorize you to open a Checking/Share Draft Account for me. You are authorized to pay checks/share/drafts signed by me or one of my joint owners and the payments will be charged against my Checking/Share Draft Account or my overdraft protection Line-Of-Credit.

I agree that:

- Only check/share draft blanks and other methods approved by you may be used to withdraw funds from my checking/share draft account;
- You are not obligated to pay a check/share draft, which exceeds the balance in my checking/share draft account; you may, however, add the amount of the overdraft to my open-end loan agreement up to the loan limit approved and subject to the terms of my open-end loan agreement. You are not obligated to pay a check/share draft more than six months old. I agree that such additions to my open-end loan account will be for provident consumer purposes;
- Except for negligence, you are not liable for any action you take regarding the payment or nonpayment of a check/draft;
- If my checking/share draft account becomes overdrawn due to your payment of one or more of my checks/share drafts, you may transfer funds from another account to cover the overdraft. I understand that the credit union will not automatically transfer funds from another share account to cover checks/drafts I have written;
- Any objection to any item shown on a statement of my checking/share draft account will be waived unless made in writing to you on or before the sixtieth day following the day the statement is mailed;
- All non-cash payments on shares in my checking/share draft account will be credited subject to final payment;
- The use of my checking/share draft account is subject to service charges in accordance with rate schedules adopted by UFCW Local 1776 Federal Credit Union from time to time;
- You are authorized to recognize any of the signatures below 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 you that all sums now paid in on shares and hereafter paid in on shares by any or all joint owners are and shall be owned by them jointly, as joint tenants, and are subject to the withdrawal or receipt to the by any of them. Payment to any of them or the survivor or survivors shall discharge you from any liability for such payment;
- Your authority under this agreement may not be changed or terminated by me, except by written notice to you, which will not affect my prior transaction.

Member's Signature _____

Email Address _____

Date _____

Joint Member's Signature _____

Email Address _____

Date _____

Electronic Bill Payment Form

Name: _____

Address: _____

City/State _____ Zip Code _____

Phone: _____

Social Security No. _____

Email Address: _____

Account No. _____

I agree to receive the agreement and initial disclosure electronically. After I have carefully read the agreement in its entirety, I will be asked to consent to the terms and conditions of the agreement. (It is suggested that you print a copy for future reference.)

I understand that payments take an average of 5 business days to reach the payee, and the payments may be made electronically or by mail. The Credit Union is not liable for any service fees or late charges levied against me.

I authorize to UFCW Local 1776 FCU to post EBP Transactions To the checking account listed on this enrollment form. I understand that I am in full control of my account. If at any time I decide to discontinue the service, I will provide written notification to the Credit Union.

Signature: _____

Date: _____