



SHARE DRAFT/DEBIT CARD APPLICATION

Account Number _____

PRIMARY ACCOUNT OWNER

Name _____

Employer Name # _____

Home/cell Phone _____

Employer Address _____

Home Address _____

Employer Phone _____

City/State/Zip _____

Years of Employment _____

Yrs at this residence _____

Income _____

Rent/mortgage payment _____

Driver's License # _____

Social Security # _____

State of Issue _____

Date of Birth _____

Are you a US Citizen or permanent resident Alien? ____ (Y/N)

SECONDARY ACCOUNT OWNER

Name _____

Employer Name _____

Home/cell Phone _____

Employer address _____

Home Address _____

Employer Phone _____

City/State/Zip _____

Years of Employment _____

Yrs at this residence _____

Income _____

Rent/Mortgage payment _____

Driver's License# _____

Social Security # _____

State of Issue _____

Date of Birth _____

Are you a US Citizen or permanent resident Alien? ____ (Y/N)

SHARE DRAFT CHECKS YES/NO _____

(FIRST BATCH OF 50 CHECKS FREE)

Do you want phone number printed on the checks? YES/NO _____

number of cards needed _____

DEBIT CARD YES/NO _____

Debit card transactions are linked directly to your share draft account. This includes point of sale transactions as well as ATM transactions.

SHARE DRAFT/CHECKING ACCOUNT AGREEMENT (Read prior to signing)

I/We hereby authorize B&V Credit Union to establish a special share account for me/us, to be known as a Share Draft/Checking Account. The Credit Union is authorized to pay drafts signed by me (or by any of us if this agreement is signed by more than one person) and to charge the payments against the Share Draft Account. It is agreed that:

- Only the methods approved by the Credit Union may be used to withdraw funds.
- The Credit Unions is under no obligation to pay a check that exceeds the balance of an account.
- The Credit Union is under no obligation to pay a check that is more than 6 months old.
- Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check.
- Any objection to an item shown on the statement of account shall be waived unless objection is made in writing to the Credit Union within 30 days following statement date.
- All non-cash deposits received for this account will be credited subject to final payment.
- Account shall be subject to charges in accordance with the fee scheduled adopted by the Credit Union, as modified from time to time.
- The use of this account is subject to such other terms, conditions and other requirements as the Credit Union may establish from time to time.
- The Credit Union reserves the right to close this account at any time.
- You authorize the Credit Union to obtain a credit report upon opening this account.

Primary Owner Signature _____

Date _____

Secondary Owner Signature _____

Date _____

CERTIFICATION

For Social Security Number verification purposes, please read and sign the following.

Under penalties of perjury, the undersigned certifies that: 1) the number on this form is my correct taxpayer identification number: (TIN) and 2) I am not subject to backup withholding because one of the following applies: I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends or the IRS has notified me that I am no longer subject to backup withholding. You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding.

USA PATRIOT Act Notice: 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. Your name, address, date of birth and other information collected in this application will allow us to identify you. We may also ask for your driver's license or other identifying documents.

By submitting this application, the applicant and any co-applicant (each referred to as "I", "my", and "me") each represent that all the information in this application is true and correct. I authorize you to obtain any information about me that you believe is necessary to evaluate this application, including consumer reports from consumer reporting agencies.

JOINT WITH RIGHT OF SURVIVORSHIP AGREEMENT (if more than one signature): We intend to and do hereby create a joint account with rights of survivorship.

I (We) understand and agree that when the Credit Union opens the account(s) requested, I (We) will be bound by the terms and conditions governing the accounts as they may be amended from time to time.

Primary Owner Signature _____

Date _____

Secondary Owner Signature _____

Date _____

Choose One

OVERDRAFT TRANSFER PROTECTION (No fee)

Share Draft/Checking _____

Debit Card _____

Please indicate below which existing account is to be used as the source of overdraft transfer protection.

Regular Share/Trust

Home Equity Line of Credit

OVERDRAFT PROTECTION (Fee applies)

Overdraft protection is available on all eligible B&V Credit Union Share Draft Accounts. See the Share Draft Account Agreement for details. This service covers accounts when all other means of overdraft protection have been exhausted. A NSF (non sufficient funds) fee will be incurred per item paid.

I decline overdraft Protection

(signature required)

Primary Owner Signature _____

Date _____

Secondary Owner Signature _____

Date _____

For Credit Union Use Only

Share Account Number _____

Approved by _____

Share Draft Number _____

Checks ordered _____

Debit card ordered _____

Rejected date _____

Reason _____

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