



Account #: _____

Membership & Account Agreement

<input checked="" type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Money Market	<input type="checkbox"/> Holiday Club
<input type="checkbox"/> Travel Club	<input type="checkbox"/> Escrow	<input type="checkbox"/> Other Savings	<input type="checkbox"/> CD
<input type="checkbox"/> IRA	<input type="checkbox"/> IRA CD		

Personal Information

* Social Security Number: _____ *Name: _____

*Address: _____ *City, State, Zip: _____

*Birth date: _____ *email: _____

*Cell #: _____ *Driver's License #: _____

Home #: _____ Physical Address: _____

Work #: _____ Employer: _____

*REQUIRED FIELDS

Joint Owner/Alternate Owner

*Social Security Number: _____ *Name: _____

*Address: _____ *City, State, Zip: _____

*Birth date: _____ *email: _____

*Cell: _____ *Driver's License #: _____

Home: _____ Physical Address: _____

Work #: _____ Employer: _____

*REQUIRED FIELDS

Account Services

Please circle or fill out services and features you would like on your account

ATM/Debit Card: Yes No Overdraft Protection: Yes Overdraft Account # _____ Marketing Opt Out: Yes

Home Banking and Estatements are automatically enabled. MY SCU Audio Teller is automatically enabled. Default Pin (Last 4 SSN) _____

To Receive Paper Statements Initial: _____

To Receive No Statements (Electronic or Paper) Initial _____

Marketing Opt Out refers to trusted 3rd party vendors mailing promotions they have. Overdraft protection is to assist in covering an account from going into the negative. Please refer to our Overdraft Disclosure for further detail.

EFFECTIVE January 1st, 2018 mailed statements will cost \$2.00 per Month to mail to membership. E-Statements are Free.

ATM/Debit Card Overdraft Priveledge

opt in opt out _____Initials

I/We wish to participate in the Overdraft Privilege program offered by Superior Credit Union, including approval and payment of ACH(Automated Clearing House), ATM and Point-of-Sale transactions up to a designated Overdraft Protection limit. I/We understand that I/we will not have the Overdraft Protection on the account until I/we receive written confirmation that it has been added to the account. I/We understand that, for each insufficient transaction, the account will be assessed an overdraft or NSF fee of \$32.00. If an overdraft is created the next deposit will be utilized to bring the account back into a positive balance position.

I/We understand that an account must be brought to a positive balance within 30 days or the Overdraft Protection will be removed from the account. I/We understand that items may not be paid in the order in which they were written and the order in which they clear may result in overdrafts on the account. The items will not be paid or approved if the assigned Overdraft Limit has been exceeded, or if other accounts at Superior Credit Union are not in good standing. You may opt-out of the Courtesy Pay in its entirety at anytime in writing. If you choose to do so you may be subject to insufficient funds fees assessed by the credit union and merchants. Superior CU reserves the right to revoke Courtesy Pay privileges at anytime without prior notifications and to deny the payment of any transaction. Superior Credit Union may also at anytime charge a transfer fee of \$5.00 if funds require manual research to transfer. See the Overdraft Disclosure for more information.

Account Disclosures

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding because:(a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and (3) I am a U.S. person (including a U.S. resident alien). By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure and Joint Account Disclosure Notice, if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. I/we give full permission to contact any party listed above by any referenced number or email address given for any reason relating to your account or accounts at the credit union from herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. By signing below, I/we make application to Superior Credit Union to check my/our credit history for any reason, including verification of this information on this application. I/we understand: I/we will receive all product/service disclosures after my/our application is approved, and that some services require credit approval. I/we hereby authorize the Superior Credit Union (the Credit Union) to establish this Share Draft Account (if applicable) for me/us. The Credit Union is authorized to pay share drafts by me (or by any of us) and to charge such payments against the shares in this account. I/we here acknowledge that the Credit Union has informed me/us of the following: (1)The Credit Union's policy concerning the hold period placed on funds deposited; (2) The Credit Union's stop payment policies; and (3) The Credit Union's policies concerning it's liens on this share. I hereby acknowledge that a \$5.00 Close Membership fee will be applied to share account if share account is closed.

Primary Owner Signature: _____ date: _____

Joint Owner Signature: _____ date: _____

For Office Use Only

- Efunds
- Clear
- Account Abuse Dates _____
- Charge Off Dates _____
- Opened by
Teller _____
- Teller # _____

- Eligibility: live work: _____
- worship: _____
- school: _____
- family: _____
- Driver's License Scanned Date _____
- Check Digit _____
- Liberty Checks Date Ordered: _____
- Debit Card Date Ordered: _____
- Home Banking and E-Statements setup date: _____
- Membership Card Scanned Date Scanned _____ Initials _____

membership officer: _____ date: _____