



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		

Primary Owner *REQUIRED FIELDS

*Social Security Number: _____ *Name: _____

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

*Birth date: _____ *email: _____

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

Home #: _____ Physical Address: _____

Address, _____ Employer: _____

Please check this box if your employer is a Marijuana dispensary

*How did you hear about us? _____

Joint Owner w/ Rights of Survivorship

*Social Security Number: _____ *Name: _____

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

*Birth date: _____ *email: _____

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

Home #: _____ Physical Address: _____

Work #: _____ Employer: _____

*REQUIRED FIELDS *Please check this box if your employer is a Marijuana dispensary*

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.

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 its 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

- Efund
- 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: _____