

Checking Account Application and Agreement with Overdraft Transfer and Joint Account Provisions

Health Care Family Credit Union (CU) is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The owner(s) of this account hereby agrees with CU that all sums now or hereafter paid in or shares by any or all of said owner(s) for credit as such owner(s) with all accumulations thereon, are and shall be owned with right of survivorship and be subject to the withdrawal or receipt of any owner, and payment to any owner or the survivor(s) shall be valid and discharge CU from any liability for such payment. The owner(s) further agree to pay CU an additional charge of 18% per annum or the highest rate allowable by Missouri law as well as all reasonable court and legal fees required to effect collection. The owner(s) also agree to the terms and conditions of the account as established and amended from time to time by CU. Owners hereby grant a security interest in this account for all loans or deficiencies which arise in the use of this account or other obligations whether jointly or individually made. The right or authority of CU under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to CU which shall not affect transactions therefore made.

I/We hereby authorize CU to establish a special share account for me/us to be known as a Checking Account (hereafter, Account). The CU is authorized to pay checks signed by me (or by any of us if this agreement is signed by multiple persons) and to charge the payments against the Account. It is agreed that: a) only bank checks and other methods approved by the CU may be used to withdraw funds from this Account; b) unless otherwise agreed, the CU is under no obligation to pay a check which exceeds the balance in the Account or a check on which the date is more than six months old; c) except for negligence, the CU is not liable for any action it takes regarding the payment or nonpayment of a check; d) all non-cash payments deposited in the Account will be credited subject to final payment; e) the Account shall be subject to service charges in accordance with the rate schedules adopted by CU from time to time; f) in the event that any of the undersigned writes a check which would result in this account being overdrawn, and if at that time any of the undersigned is eligible to receive advances from CU on the loan account referred to above, such check shall be deemed to be a request to CU to prepare an application for an advance under such loan account sufficient to permit CU to honor such check, if the application is approved,

CU will credit the advance to Account; g) in the event the loan account reaches its pre-approved limit and a check is presented for payment which would overdraw Account, the amount will be withdrawn from the regular share account in order that the check may be honored provided that withdrawal does not access the minimum balance required, nor exceed Regulation D limitations; h) the use of the Account is subject to other such terms, conditions, and service charges as CU may establish from time to time; i) if signed by more than one person, the persons signing shall be the joint owners of Account and subject to the additional terms and conditions of any joint account agreement that applies to a share account in your joint names.

| Print Name | Member Signature | Date Signed |
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Each Joint Owner must sign above. Application not valid without \$25 minimum initial deposit and copy of current, valid driver's license for all account owners. An order form is included in this brochure.

Type Account Applied for: Individual Joint Classic Checking Gold Checking

Order for Personalized Checks

Please print my checks as follows:

Name(s) _____

Address _____

City, State, Zip Code _____

Please select the following if you would like them to appear on your checks. (NOTE: such information is not required and is considered a security risk.)

Home Phone Business Phone

Driver's License #

Other

| | |
|------------------|--|
| Starting Check # | Check Style |
| Cover Style | <input type="checkbox"/> One box <input type="checkbox"/> Two boxes <input type="checkbox"/> I have an ATM card |

Account No. _____