

## 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. Owner(s) 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

X

Member Signature

Date

Print Name

X

Joint Member Signature

Date

**Each Joint Owner must sign above. Application not valid without \$50 minimum initial deposit and copy of current, valid driver's license for all account owners.**



**Health Care Family**  
*Credit Union*

*Main Office*

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Fax: (314) 645-1548

*St. Peters Office*

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**Health Care Family**  
*Credit Union*

*Where The Focus  
Is On You*



**Fresh Start Checking**

**A Second Chance At Financial Success**



Federally Insured By NCUA

FE812-1657AG

## Get A Fresh Start With HCFCU

Health Care Family Credit Union can give you the service, value and convenience you need – even if you’ve made some mistakes in the past. With our Fresh Start Checking, you get a second chance to build a strong financial future!

When you open your Fresh Start Checking account, you won’t have to bother with inconvenient money orders or expensive check-cashing fees. Instead, you can enjoy great benefits, helpful account features and a staff willing to help you every step of the way!

Our Fresh Start Checking account features:

- No minimum balance
- Free online banking with direct deposit
- Overdraft protection with a linked share savings account
- Unlimited check-writing privileges
- Access to Statline 24-hour telephone banking
- And more!

Best of all, if you properly manage your account for 12 months, you can request to switch to a free, traditional checking account! Fill out the application in this brochure to open your HCFCU Fresh Start Checking account, and you’ll be well on your way to financial success!



## Getting Your Fresh Start Is Simple!

First, complete this application, and submit it to HCFCU with your initial deposit of \$50. Once you are approved, a member service representative will help you set up direct deposit for at least one regular compensation or government check. You’ll be able to enjoy quick, convenient access to your checking funds for a low monthly maintenance fee of \$10.

Don’t wait to get a fresh start on your finances! Health Care Family Credit Union is ready to help you get a second chance at success. Apply today!

I certify that this information is complete and true and submitted for the purpose of obtaining a Fresh Start Checking account. I authorize the Credit Union to obtain any additional information required to process this request and hereby agree and accept all terms and conditions of the disclosure statement. I further agree to complete and submit any additional data required.

### Applicant Information

APPLICANT (LAST/FIRST/MIDDLE)	
ADDRESS	HOW LONG
CITY/STATE/ZIP	
HOME PHONE	CELLPHONE
EMAIL ADDRESS	
PREVIOUS ADDRESS	
CITY/STATE/ZIP	
SOCIAL SECURITY NO.	BIRTH DATE
EMPLOYER	DATE EMPLOYED
WORK ADDRESS	WORK PHONE
GROSS MO. SALARY	OTHER INCOME (SOURCE/AMOUNT)
JOINT APPLICANT (LAST/FIRST/MIDDLE)	
ADDRESS	HOW LONG
CITY/STATE/ZIP	
HOME PHONE	CELLPHONE
SOCIAL SECURITY NO.	BIRTH DATE

All applicants must submit copies of most recent pay stubs, or tax returns if self-employed.

(Application continued on back)