



# Membership Account Agreement

USA PATRIOT Act requires identity verification for all new accounts.

For office use:

Membership Officer: \_\_\_\_\_

**Check and complete this section to open a share (savings) account.**

Print Name		
Social Security Number	Member Number	
Street		
City	State	ZIP Code
Employer	Occupation	
Home Phone	Business Phone	
Cellphone	Email Address	
Mother's Maiden Name	Date of Birth	
Phone Verification Password	Date	

**This will be a joint account.**

Print Name		
Social Security Number	Member Number	
Street		
City	State	ZIP Code
Employer	Occupation	
Home Phone	Business Phone	
Cellphone	Email Address	
Mother's Maiden Name	Date of Birth	
Phone Verification Password	Date	

How are you eligible to join?

- ZIP Code  Employer  Family  Other (specify) \_\_\_\_\_

I would like:  Virtual Branch Online Banking  Statline Telephone Banking

I would like more information about:

- Auto Loans  Credit Cards  Mortgages  Home Equity Loans  
 Christmas Club  Wish Club  Youth Savings Accounts  Money Market Accounts  
 Certificates of Deposits (CDs)  Individual Retirement Accounts (IRAs)

**Check and complete this section to designate a Payable on Death (POD) Beneficiary.**

Beneficiary Name	Social Security Number	
Joint Beneficiary Name	Social Security Number	
Address		
City	State	ZIP Code

**Check and complete this section to open a checking account.**

Use information from share account section.

Individual Account  Joint Account

Print Name		
Social Security Number	Member Number	
Street		
City	State	ZIP Code
Date of Birth	Driver's License Number	
Print Joint Name		
Joint Social Security Number	Joint Date of Birth	

Account Type:  Classic Checking  Gold Checking

I would like:

Virtual Branch Online Banking

PayIT Online Bill Pay

Direct Deposit

Debit/ATM Card *Check one:*  Debit Card  ATM Card

For:

Primary Account Owner  Joint Account Owner  Both Account Owners

I desire ATM access to my:

Savings  Checking  Line of Credit  All 3 accounts

Checks

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 Number

Other \_\_\_\_\_

Starting Check Number	Check Style	Cover Style
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One box  Two boxes  I have an ATM Card

**Check and complete this section to start payroll deduction.**

Check one:

New  Change

Check one:

Weekly

Every two weeks

Semi-monthly

Monthly

Last Date Paid
Next Date Paid

Please indicate below how you want your payroll distributed each pay period.

**Account Type Amount**

Savings – 01 \$ \_\_\_\_\_

Savings – 02 \$ \_\_\_\_\_

Christmas – 25 \$ \_\_\_\_\_

Wish – 07 \$ \_\_\_\_\_

PDCD – 48 \$ \_\_\_\_\_

Checking – 75 \$ \_\_\_\_\_

Checking – 79 \$ \_\_\_\_\_

IRA Savings – 80 \$ \_\_\_\_\_

Loan (LOC) \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**Total Deduction \$ \_\_\_\_\_**

I/We acknowledge and accept the terms and conditions applicable to those accounts and selected features and services, contracted for today. I/We further agree to be bound by the terms and conditions of any additional accounts, features and/or services herein above described, which may later be initiated by simple written, verbal or electronic request. I/We authorize HCFCU to check my/our account, credit and obtain a credit report from third parties, including credit-reporting agencies, to verify my/our eligibility for any accounts or services requested.

Print Member's Name	Member's Signature
	X
Print Joint Owner's Name	Joint Owner's Signature
	X

### Share Account Agreement

I hereby apply for membership in and agree to the By-Laws of Health Care Family Credit Union (HCFCU). I authorize HCFCU to conduct any credit investigation deemed necessary both now and as long as I maintain membership. Further, I agree to grant HCFCU security interest in all present and future deposits with HCFCU, except IRAs, for recovery of any uncollected loans, fees, charges and reasonable costs of collection including attorney fees. Under penalty of perjury I certify that: 1) the number shown on this application is my correct taxpayer identification number and 2) (check one)  I am subject to backup withholding or  I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding. The IRS does not require your consent to any provisions of this document other than the certification herein.

### Joint Share Account Agreement

HCFCU is hereby authorized to recognize any of the signatures subscribed in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with HCFCU that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal of receipt of any of them, and payment to any of them or the survivor(s) shall be valid and discharge HCFCU from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established and amended from time to time by HCFCU. Owners hereby grant a security interest in this account for all loans or other obligations whether jointly or individually made. The right or authority of HCFCU under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to HCFCU, which shall not affect transaction therefore made. Each Joint Owner must sign herein.

### Virtual Branch Agreement

You desire to subscribe to the Services and authorize Us, and any third party acting on Our behalf, to serve as Your agent in processing payments to targeted Merchants and/or transfers to and from targeted Accounts pursuant to Your payment and/or transfer instructions, and You authorize Us to post such payments and/or transfer to Your designated Account(s). You further agree to pay any applicable monthly fee. You understand that We may not make certain payments and/or transfers if sufficient funds are not available in Your designated Account. This authorization is in force until revoked by You or Us in writing and is subject to the Service Terms and Conditions as amended from time to time. You will receive a Welcome Packet, which includes instructions for use of the service and your security code.

### Checking Account Agreement

HCFCU is hereby authorized to recognize any of the signatures subscribed in the payment of funds or the transaction of any business for this account. The owner(s) of this account hereby agree(s) with HCFCU 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 survivor(s) shall be valid and discharge HCFCU from any liability for such payment. The owner(s) further agree(s) to pay HCFCU 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(s) to the terms and conditions of the account as established and amended from time to time by HCFCU. Owner(s) hereby grant(s) 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 HCFCU under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to HCFCU, which shall not affect transactions therefore made.

I/We hereby authorize HCFCU to establish a special share account for me/us to be known as a Checking Account (hereafter, Account). HCFCU 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 HCFCU may be used to withdraw funds from this Account; b) unless otherwise agreed, HCFCU 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, HCFCU 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 rates schedules adopted by HCFCU 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 HCFCU on a loan account, such check shall be deemed to be a request to HCFCU to prepare an application for an advance under such loan account sufficient to permit HCFCU to honor such check, if the application is approved, HCFCU 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 HCFCU 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.

### Debit Card Agreement

I/We agree to be liable for all transactions of any kind performed by me/us or anyone to whom I/we entrust my/our card. I/We also agree that use of my/our card constitutes consent to the effective rules and regulations and any applicable amendments as set forth by HCFCU. I/We certify that I/we have received, read and understand my/our rights, responsibilities and liabilities under Regulation E.

### Payroll Authorization Agreement

I understand Payroll Deduction is a convenient option for loan payments, savings and checking deposits, etc. I agree to make any scheduled loan payments if payroll is not received for any reason. I have verified the information on reverse.

### Beneficiary Agreement

I/We, Joint Tenants with Right of Survivorship under the Nonprobate Transfers Law of Missouri (applicable only to the extent utilized herein), hereby designate the person named on the reverse as the beneficiary(ies) and as such, on death of the owner (or owners if joint), any sums remaining on deposit not covered by a separate share agreement belong to the surviving payable on death beneficiary(ies).

If there is more than one POD Beneficiary, the shares, when paid, shall be paid in equal shares. Any such payment made by HCFCU shall satisfy the requirements of the POD provision, without necessity of determining whether any other person shall have an interest in the account, unless HCFCU has been served with process restricting payment on the account in accordance with the terms of such process.

The accounts shall, during the lifetime of the sole owner or joint owners, be his/her/their property and under his/her/their sole control and this Designation of POD Beneficiary(ies) (PODB) is revocable by being cancelled, changing pay on death direction or otherwise dealing with the accounts as if there were no PODB. If more than one owner, all owners must consent to a revocation/change of beneficiary(ies).

The accounts: 1) are subject to the deduction from the account of all charges owing, withdrawals and the payment of all checks and drafts which clear the account in the course of business prior to a request by the PODB for payment; 2) includes all credits, interest and dividends earned on the account; 3) is not subject to any amendment of change by will or other separate agreement. Owners grant a security interest in the account for all loans or other obligations owed HCFCU, whether jointly or individually made.

Return all forms to:



Health Care Family  
Credit Union

2114 S. Big Bend Blvd. • Richmond Heights, MO 63117

or

4599 Executive Centre Pkwy. • St. Peters, MO 63376



Revised March 2012