

Additional Services Request Form

Member Name _____

Account No. _____

I hereby make application for the account(s) indicated below and agree that the account(s) is/are subject to the terms of the Master Account Signature Card. I understand and agree that the account(s) indicated below are owned by any joint owner(s) set forth in the Master Account Signature Card.

Checking Accounts

- | | |
|--|---|
| <input type="checkbox"/> Priority Guard Checking
(complete Overdraft Options section below) | <input type="checkbox"/> Premier Checking
(complete Overdraft Options section below) |
| <input type="checkbox"/> Classic Checking
(complete Overdraft Options section below) | <input type="checkbox"/> New Leaf Checking |
| <input type="checkbox"/> Teen Checking | <input type="checkbox"/> Money Market |

Checking Account Overdraft Options

Overdraft will be the actual amount needed to pay such ccheck.

Put a number (1-2) for the order in which you want this overdraft to be covered (i.e. 1-2 or 2-1)

____ Savings

____ Quickline Loan

I do not want to transfer funds to cover overdrafts

All loans are subject to credit approval. Quickline loans are subject to the terms and conditions contained in the Quickline Loan Agreement and Disclosure, which is incorporated by this reference. Checking is subject to ChexSystems verification.

Priority Pay Options Opt-in for Priority Pay (see additional form for ATM/Debit transactions) Opt-out for Priority Pay

Term Share Certificates

- | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 3 month | <input type="checkbox"/> 6 month | <input type="checkbox"/> 12 month | <input type="checkbox"/> 24 month |
| <input type="checkbox"/> 36 month | <input type="checkbox"/> 48 month | <input type="checkbox"/> 60 month | |

Additional Shares

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Regular Share | <input type="checkbox"/> Holiday Club |
|--|---------------------------------------|

Debit Cards

- | | |
|--|--|
| <input type="checkbox"/> Visa Debit Card for Primary | <input type="checkbox"/> Visa Debit Card for Joint |
|--|--|

X

Member Signature _____

Date _____

FOR CREDIT UNION USE ONLY

Completed by: _____ Date completed: _____

- | | |
|---|---|
| <input type="checkbox"/> Mailed to member | <input type="checkbox"/> Member pick-up |
|---|---|