

SHARE DRAFT APPLICATION

(Credit union use only)	
Teller #	Member #
DL Verify	
ID type/#	
Update	

	MEMBER IN	ORMATION		
Primary Owner:			Membership #:	
	ACCOUNT C	WNERSHIP		
Joint Owner:			SSN/TIN:	
Street Address:			Driver's Lic. #/State/Exp:	
City/State/Zip:			Date of Birth:	
Home Phone:	hone: Cell Phone:		Occupation:	
Joint Owner:			SSN/TIN:	
Street Address:			Driver's Lic. #/State/Exp:	
City/State/Zip:			Date of Birth:	
Home Phone:	Cell Phone:		Occupation:	
	BENEFICIARY D	ESIGNATIONS		
Name:	Date of Birth:	Full Addres	::	
Name:	Date of Birth:	Full Addres	is:	
	SHARE DRAFT	AGREEMENT		
one of us. You may charge the payments against the Share Draft. 1. Approved Draft Blanks. I will use only share draft blanks, or	other methods, approved by you to with receive it more than six months later the amount of the share draft is more than any other regular share account from a promptly examine the periodic statem rany loss you may suffer as a result of statement of account indicating the unastigned or altered the drafts I received will receive my statement of account, a me of any unauthorized signature or a rother payee to make a one-time elect be made, without asking me if I have a pout to do so. My order to stop payment my oral stop-payment order for 14 cale required to honor my written stop-paying at all non-cash payments, such as cheed at amounts credited by you until your labanking procedures. I will have no claight of the first business day following ments to my Share Draft Account. afts will comply with all of the applicable man one person, you may recognize the funds paid in on shares before or at a pay continuous control of the subject to your schedule of degreents you may establish from time to total of not more than six of the following to my Share Draft Account.	an the date written on it. my available balance in the S which I am eligible to withdrav ent of account you mail to me f the unauthorized signatures authorized signature or altere with my statement of account, and altered draft. tronic payment from my Share any defense or claim against to condar days. My oral stop-pay ment order for six months. A cks, I make on shares. You m receive final payment on that to aim against you for errors wh the business day you receive the laws and regulations control et elaws and regulations control	Share Draft Account. However, you may shares, subject to the limitations of ce. If I do not notify you promptly of any or alterations. If I fail to notify you of a d share draft, I will lose my rights again be a proper or alteration of the person to whom the draft was written on enough for you to have reasonable of ment order will be honored after 14 cale, written stop-payment order can be ren any remove the credit if you do not rececredit. Any non-cash payments on shaich are not caused by your negligence, the he payment. I will have no claim againly funds or to transact any business for together with any other accumulations of 36-3. We agree that we will have no cles in this Account as collateral security you may change from time to time. I also days prior written notice of those che	ondition number twelve. unauthorized signatures or any unauthorized signatures or any unauthorized signature or net you for paying in good faith any my check to pay purchases or pay en or against any other holder of the opportunity to act before your endar days only if I give you a newed in writing for additional sixelive final payment on my non-cash ares may be submitted by you for. You may credit all cash and non-ainst you if you return any share the 60 day notice of withdrawal this Account. We agree with each of funds in the Share Draft Account. laim against you because you paid for a loan or loans.
Joint Owner Signature	Date	Joint Owner Signatur	e e	Date
X				
Primary Owner Signature				Date
		MIP: OF	FAC ID Verify	Date