



Member Name \_\_\_\_\_

Account Number \_\_\_\_\_

# Account Service Enrollment & Designation

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> New                | <input type="checkbox"/> Add Product |
| <input type="checkbox"/> Add Joint Owner(s) |                                      |
| <input type="checkbox"/> Add POA/Trustee    |                                      |

## Product(s) Requested

Select the product(s) you wish to open and/or product(s) to which you wish to add additional signor(s).

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Savings _____<br>Share ID _____  | <input type="checkbox"/> Money Market _____<br>Share ID _____                                      | <input type="checkbox"/> Share Certificate _____<br>(Includes renewals) Share ID _____ |
| <input type="checkbox"/> Checking _____<br>Share ID _____ | <input type="checkbox"/> Investor Money Market _____<br>(Requires SFS relationship) Share ID _____ |  |

## Service(s) Requested

Select the service(s) requested with regard to the product(s) selected above. Note: Some services are not available with certain products.

- ATM Card (Available with Savings)
- Visa® Rewards Card (Available with Checking)
- Overdraft Protection\* (If approved, Overdraft Protection will make transfers from the product(s) listed below in the order of priority listed):
  - From my Savings # \_\_\_\_\_, # \_\_\_\_\_
  - From my Checking # \_\_\_\_\_, # \_\_\_\_\_
  - From my Personal Access Line (PAL) # \_\_\_\_\_ (A separate application may be required for this loan product.)

## Additional Signer(s)

Check here if Joint Owner(s) or provide relationship below. Parties listed herein will be deemed joint owners unless you select one of the following:

POA    Trustee    Other (describe: \_\_\_\_\_)

Name: (please print)      Date of Birth:      Social Security #:      Driver's License/Other ID Type, State, Number, Issue Date, Expiration date:

2. \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

3. \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

## Overdraft Opt-In: WHAT YOU NEED TO KNOW ABOUT OVERDRAFT AND OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

- We have standard overdraft practices that come with your account.
- We also offer Overdraft Protection plans, such as linking to Savings, which may be less expensive than our standard overdraft practices. Ask us about these plans.

### What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- ◆ Checks and other transactions made using your Checking MICR number
- ◆ Automatic bill payments

We will not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below).

- ◆ ATM transactions
- ◆ Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

### What fees will I be charged if Sharonview Federal Credit Union pays my overdraft?

Under our standard overdraft practices:

- ◆ We will charge you a fee each time we pay an overdraft
- ◆ There is no limit on the total fees we can charge you for overdrawing your account

I want Sharonview FCU to pay my ATM and everyday debit card transactions with a resulting overdraft fee if the transaction would cause an overdraft.

## Authorized Signatures: BY SIGNING BELOW YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN.

- |                                     |            |                                  |            |
|-------------------------------------|------------|----------------------------------|------------|
| 1. _____<br>Primary Owner Signature | _____ Date | 2. _____<br>Additional Signature | _____ Date |
|                                     |            | 3. _____<br>Additional Signature | _____ Date |

**SIGNATURES, CONSENTS AND AGREEMENTS:** Each applicant, authorized user or other party signing this card, (together herein referred to as "applicant(s)") hereby makes application for the account(s)/services as indicated and agrees to conform to the Bylaws, as may be amended, of Sharonview Federal Credit Union ("Credit Union"). I/we certify the signature(s) on this card apply to all accounts designated; and all information provided is true and correct. I also acknowledge that I have received and agree to be bound by any terms and conditions in this card, and in the Membership Agreement & Disclosures Booklet, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. Each applicant consents that the Credit Union may undertake to verify their eligibility for any account(s) and service(s) now and in the future. In addition, all applicants authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. Applicants specifically consent that the Credit Union may report information concerning their account(s), services to others; and that we may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/user to the other applicants. **All present and future deposits** to the account(s) designated secure payment of any account owner's obligations to the Credit Union. This card authorizes the Credit Union to open future sub-accounts and/or services in the names of the owners or Account Title. If any representative capacity is indicated, the Credit Union shall provide all statements, notices and other information only to the person designated as having authority (e.g., a "trustee").

**INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES:** The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding on the reverse side of this Card. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

**FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION:** Under penalties of perjury, each signing party certifies that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

**ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED):** The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.