

**STATE DEPARTMENT FEDERAL CREDIT UNION
SHARE CHECKING ACCOUNT APPLICATION**

NEW ACCOUNT ADD JOINT OWNER
CHANGE DATA OTHER

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|----------------------|
| SDFCU Account Number |
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A Membership Application must be on file. All fields required.

| SHARE CHECKING ACCOUNT APPLICATION | | | | | |
|--|--|-------------------------------|-------------------------------|--|--|
| Name M F | | | Social Security Number | | |
| Driver's License No. | | State Issued | | Date Issued | |
| | | | | Expiration Date | |
| Residential Street Address (No P.O. Box except FPO/APO) | | | | City/State/Zip Code | |
| Address | | City/State/Zip Code | | Date of Birth | |
| Home Phone | | Office Phone | | Cell Phone | |
| E-mail Address | | | | | |
| Are you a participant in SDFCU's Member Emeritus? (Retiree only) Yes No | | | | | |
| Employment Status: Currently Employed Retired Are you a contract Employee? Yes No | | | | | |
| Employer: _____ # of years: _____ Occupation: _____ | | | | | |
| Income: _____ Monthly housing payment: _____ | | | | | |
| Occupancy Status: Buying/Own with mortgage Rent Occupancy Duration: yr(s) _____ months _____ | | | | | |
| Joint Owner Name M F | | | Joint Owner Social Security # | | |
| Joint Driver's License No. | | State Issued | | Date Issued | |
| | | | | Expiration Date | |
| Joint Owner Street Address | | Joint City/State/Zip Code | | Joint Owner Date of Birth | |
| Joint Owner Home Phone | | Joint Owner Office/Cell Phone | | Joint Owner's SDFCU Account # (if applicable) | |
| E-mail Address | | | | | |
| Employment Status: Currently Employed Retired Are you a contract Employee? Yes No | | | | | |
| Employer: _____ # of years: _____ Occupation: _____ | | | | | |
| Income: _____ Monthly housing payment: _____ | | | | | |
| Occupancy Status: Buying/Own with mortgage Rent Occupancy Duration: yr(s) _____ months _____ | | | | | |
| I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien | | | | | |

CHECKING ACCOUNTS OPTIONS (Choose one):

Basic Checking- Free, no minimum balance checking

Advantage Checking- \$2,000 minimum balance interest checking*

Privilege Checking- \$25,000 minimum balance, high rate interest checking*

Overdraft Protection- Funds transferred from your savings account when checking funds are unavailable (Other options available)

*Personal Accounts Only. Interest calculated daily. Minimum \$200 Direct Deposit monthly. Ten Debit Card Transactions Monthly (Advantage Checking Only). Must be signed up for online banking and estatements.

I am applying for a Share Checking Account and for the privilege of obtaining a Visa Check Card and PIN. I have read and understand the provision pertaining to Share Checking Accounts, Funds Availability, and Electronic Services found in the credit union's Important Account Information disclosure booklet. By signing below, I acknowledge receipt and agree to be bound by the terms of these Agreements and Disclosures.

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|-------------------------|------|
| Primary Owner Signature | Date |
| Joint Owner Signature | Date |

JOINT ACCOUNTS ONLY- CHECK ONE BOX- ALL MUST SIGN

JOINT ACCOUNT- SUVIVORSHIP

On the death of a party to the account, the deceased party's ownership on the account passes to the surviving party or parties to the account.

JOINT ACCOUNT- NO SUVIVORSHIP

On death of a party to the account, the deceased party's ownership on the account passes as a part of the party's estate under the party's will, trust, or by intestacy.

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|-------------------------|------|
| Primary Owner Signature | Date |
| Joint Owner's Signature | Date |