

Disclosures

I have read and understand the procedures for opening a new account. I agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions. I authorize the credit union to check my account, credit and employment history, and obtain a credit report from third parties, including credit reporting agencies, to verify my eligibility for any accounts or services I request.

Negative Information Notice: We may report information about your Loan, Share or Deposit accounts to credit bureaus. Late payments, missed payments or other defaults on your accounts may be reflected in your credit report.

Member Identification: Federal law requires all financial institutions to obtain, verify and record information on each person that opens an account. You are required to provide a copy of your valid driver's license or unexpired government issued ID with the Membership Application. A Joint Owner on the account is also required to provide a copy of his/her valid driver's license or unexpired government issued ID with the Membership Application.

Share Draft Account: I/we hereby authorize Healthcare Employees Federal Credit Union (the Credit Union) to establish this Share Draft Account for me/us. The Credit Union is authorized to pay share drafts signed by me (or any of us) and to charge all such payments against the shares in this account. It is further agreed that:

- (a) Only share draft blanks and other methods approved by the Credit Union may be used to make withdrawals from this account.
- (b) The Credit Union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this account; the Credit Union may, however, pay such a share draft and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, from any other regular share account from which any of the undersigned is eligible to withdraw shares.
- (c) The Credit Union may pay a share draft on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the share draft.
- (d) When paid, share drafts become the property of the Credit Union and will not be returned either with the periodic statement of this Account or otherwise.
- (e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a share draft.
- (f) Any objection respecting any item shown on the periodic statement of this account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.
- (g) This Account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.
- (h) If this Agreement is signed by more than one person, the persons signing on the reverse side shall be the joint owners of this account which, in that event, shall be subject to the additional terms and conditions printed on this application.
- (i) I/we authorize the Credit Union to check my/our credit and employment history and report my/our credit performance to others that may properly receive this information. I/we understand that you may contact me/us for further information and that this application must be completed for the Credit Union to process my/our request.

ADDITIONAL TERMS AND CONDITIONS

Joint Share Draft Account Agreement

The Credit Union is hereby authorized to recognize any of the signatures subscribed on the reverse side hereof in the payment of funds or transactions of any business for this account. The joint owners of this account hereby agree with each other and with the Credit Union 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 or receipt of any of them, and payment to any of them or the survivor or survivors, shall be valid and discharge the Credit Union from any liability for such payment. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to the Credit Union which shall not affect transactions theretofore made prior to receipt of said written notice.

Any financial service provided by the Credit Union may be used for any transaction permitted by law. I agree that illegal use of any financial service will be deemed an action of default and/or breach of contract and such service and/or other related services may be terminated in the Credit Union's discretion. I further agree, should illegal use occur, to waive any right to sue the Credit Union for such illegal use or any activity directly or indirectly related to it and additionally I agree to indemnify and hold the Credit Union harmless from any suits or other legal action or liability, directly or indirectly, resulting from such illegal use.

Important Information About Procedures For Opening A New Account

In accordance with Section 326 of the U.S.A. Patriot Act, HEFCU is required to obtain a copy of documents identifying our members to help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: when you open an account, we will ask for your name, address, date of birth, Social Security number, driver's license number and other information that will allow us to identify you. To verify this information we may obtain information from third parties such as credit reporting agencies. **You will be required to provide a copy of your valid driver's license or unexpired government issued ID with your Membership Application.** Failure to do so will result in a restriction on access to your funds and possible closing of your account.

Membership Application (Please Print Clearly)

All members are required to open a savings account.

Social Security # _____

Name _____
Last First Middle Name

Mailing Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Business Phone # _____

Physical Address _____ Apt # _____
(Cannot be a P.O. Box)

City _____ State _____ Zip _____

E-mail _____

Please pre-register me for E-Statements using the above email address.

Mother's Maiden Name _____
(For Verification Purposes)

Driver's License # _____ State _____

Birth Date _____ Place Of Birth _____
(City, State or Country)

Membership Eligibility

Membership eligibility can be verified by contacting the Credit Union.

I qualify for HEFCU membership through (select one):

Employer _____
(For Verification - Print Complete Name, No Abbreviations)

Family Member _____
(Print Family Member's Name)

Your Relationship to Member _____

Family Member's Phone _____

Joint Owner Information (Optional)

A Joint Owner is required to provide a copy of his/her valid driver's license or unexpired government issued ID with the Membership Application.

Social Security # _____

Name _____
Last First Middle Name

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Birth Date _____

Share Draft/Checking Accounts

- I would like to apply for a Share Draft/Checking Account.
- I would like to sign up for Overdraft Protection. This authorizes the automatic transfer of funds from my savings to checking account as needed.
- I would like to opt out of Courtesy Pay, which means checks and ACH debit transactions presented on insufficient balances will not be paid. I understand that I will be automatically enrolled for this service if I qualify.

Additional Services

- Please send me a STAR ATM (Savings)/Visa Debit (Checking) Card
You will receive a disclosure with your card. Read this disclosure before activating your card. By checking the above box, you agree to the terms and conditions of the STAR Card and the disclosure statement before activating your card. **Card will be ordered upon first deposit into account.**

IMPORTANT

Please select all numbers or letters. No Q or Z please.

RECORD YOUR ATM PIN HERE

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Overdraft Privileges

- Add Coverage - I want HEFCU to authorize and pay overdrafts on my everyday debit card transactions using Courtesy Pay. I understand I can opt out at anytime.

Certification as to Taxpayer Identification Number and Backup Withholding

Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (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). I understand that if I do not provide a taxpayer identification number to the credit union within 60 days, the Credit Union is required to withhold 20 percent of all reportable payments thereafter made to me until I provide a number.

X _____
Signature Date

X _____
Joint Owner Signature Date

TO BE COMPLETED BY THE CREDIT UNION

Account # _____

Date Opened _____

The identity has been verified by: CU Initials _____

ID Attached OFAC/Experian

Precise ID Ref. # _____

Comments: _____