



Account #: _____
Draft #: _____

Subsequent Action

_____ Change Member info	_____ add/remove joint owner	_____ change joint owner
_____ add/remove account service close account	_____ other _____	
_____ add/remove account type	_____ checking Holiday	_____ money market Vacation
		_____ CD Other _____

Primary Owner *REQUIRED FIELDS

* Social Security Number: _____ *Name: _____
*Address: _____ *City, State, Zip: _____
*Birth date: _____ *email: _____
*Cell #: _____ *Driver's License #: _____
Home #: _____ Physical Address: _____
I add _____ Employer: _____
☐ *Please check this box if your employer is a Marijuana dispensary*

*How did you hear about us? _____

Joint Owner w/ Rights of Survivorship

*Social Security Number: _____ *Name: _____
*Address: _____ *City, State, Zip: _____
*Birth date: _____ *email: _____
*Cell #: _____ *Driver's License #: _____
Home #: _____ Physical Address: _____
Work #: _____ Employer: _____

*REQUIRED FIELDS

☐ *Please check this box if your employer is a Marijuana dispensary*

Joint Owner w/ Rights of Survivorship

*Social Security Number: _____ *Name: _____
*Address: _____ *City, State, Zip: _____
*Birth date: _____ *email: _____
*Cell #: _____ *Driver's License #: _____
Home #: _____ Physical Address: _____
Work #: _____ Employer: _____

*REQUIRED FIELDS

☐ *Please check this box if your employer is a Marijuana dispensary*

Account Services

ATM/Debit Card: Yes No Overdraft Protection: Overdraft Account #

Marketing Opt Out:

Marketing Opt Out refers to trusted 3rd party vendors mailing promotions they have. Overdraft protection is to assist in covering an account from going into the negative. Please refer to our Overdraft Disclosure for further detail.

Account Disclosures

Under penalties of perjury, I certify 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). By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure and Joint Account Disclosure Notice, if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. I/we give full permission to contact any party listed above by any referenced number or email address given for any reason relating to your account or accounts at the credit union from herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. By signing below, I/we make application to Superior Credit Union to check my/our credit history for any reason, including verification of this information on this application. I/we understand: I/we will receive all product/service disclosures after my/our application is approved, and that some services require credit approval. I/we hereby authorize the Superior Credit Union (the Credit Union) to establish this Share Draft Account (if applicable) for me/us. The Credit Union is authorized to pay share drafts by me (or by any of us) and to charge such payments against the shares in this account. I/we here acknowledge that the Credit Union has informed me/us of the following: (1) The Credit Union's policy concerning the hold period placed on funds deposited; (2) The Credit Union's stop payment policies; and (3) The Credit Union's policies concerning its liens on this share. I hereby acknowledge that a \$5.00 Close Membership fee will be applied to share account if share account is closed.

SCU WILL ENFORCE A \$2.00 PAPER STATEMENT FEE MONTHLY FOR ANY PAPER STATEMENTS GENERATED &/OR MAILED.

Home Banking registration and E-Statement enrollment are the responsibility of the member. Upon account opening the member will be required to register for Home Banking to enable E-Statements and any electronic notices they would want. It is required that all members accept the terms and conditions presented on home banking to receive electronic statements and notices. If the member does not complete this the \$2.00 paper statement fee will be taken automatically out of the account monthly &/or quarterly.

***Statements are mailed monthly unless the share account is the only account in which statements would be mailed quarterly.
Members 17 and under or 62 and over will not be charged a paper statement fee.***

Primary Owner Signature: _____ date: _____

Joint Owner Signature: _____ date: _____

Joint Owner Signature: _____ date: _____

For Office Use Only

Eligibility: _____

Driver's License # _____ Scanned Date: _____

Opened by: Teller # _____