



APPLICATION & AGREEMENT – Checking Account

Standard Silver Sentry Business/Organizational

I/We hereby authorize Secure First Credit Union (the Credit Union) to establish this Checking account for me/us. The Credit Union is authorized to pay checks and all other forms of debits and transfers signed by or authorized by me (or by any of us) and to charge all such amounts against the balance in this account.

It is further agreed that:

- (a) The Credit Union is under no obligation to honor (pay) any check or other such debit if it exceeds the fully paid and collected (available) balance in this account. The Credit Union may, however, treat such items as (1) a request for an advance from the Overdraft Protection loan and/or (2) a request for an overdraft protection transfer from an account(s) if you have so designated on an "OVERDRAFT PROTECTION REQUEST" form. In each occurrence, I/we understand Credit Union policy is to credit the exact amount needed to pay such item(s) to this Checking account and to charge the amount needed to the loan and/or account(s) identified.
- (b) The Credit Union may pay checks and other debits at whatever time and in whatever order it chooses as they are presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the check(s) or the transaction or origination date of any other such debit(s). When paid, checks become the property of the Credit Union and will not be returned either with the periodic statement of this account or otherwise.
- (c) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check or other such debit.
- (d) The Credit Union has the right to impress and enforce a statutory lien against account(s) and dividends – without further notice – in the event accountholder fails to satisfy a financial obligation. The Credit Union also may restrict/deny access to products/services and/or close accounts if accountholder violates any terms thereof or fails to satisfy a financial obligation.
- (e) Any objection respecting item(s) shown on a periodic statement is waived unless made in writing to the Credit Union within 60 days of when statement is sent or made available to accountholder.
- (f) This account is subject to the Credit Union's funds availability policy and such other terms, conditions and service charges as are in effect currently or may be in effect in the future.
- (g) If this Application and Agreement is signed by more than one person, the persons signing below shall be joint owners of this account which, in that event, shall be subject to the additional terms and conditions printed on the reverse side hereof.

By signing below, I/we hereby acknowledge receipt of Secure First Credit Union's disclosures on its Checking account's terms and conditions.

Date Opened ____/____/____ Account Number _____ ID _____

Primary _____ Date ____/____/____

Joint _____ Date ____/____/____

Joint _____ Date ____/____/____

Joint _____ Date ____/____/____

ADDITIONAL TERMS & CONDITIONS – Checking Account

Secure First Credit Union (the Credit Union) is hereby authorized to recognize any of the signatures subscribed on the reverse side hereof in the payment of funds or the transaction 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 or heretofore or hereafter paid in 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, and be subject to the withdrawal or receipt of any of them, and payment to any of them 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.

Primary Name _____ **Dr Lic #** _____

Social Security # ____/____/____ **Birth Date** ____/____/____

Street Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____

Joint Name _____ **Dr Lic #** _____

Social Security # ____/____/____ **Birth Date** ____/____/____

Home Phone _____ **Work Phone** _____

Joint Name _____ **Dr Lic #** _____

Social Security # ____/____/____ **Birth Date** ____/____/____

Home Phone _____ **Work Phone** _____

Joint Name _____ **Dr Lic #** _____

Social Security # ____/____/____ **Birth Date** ____/____/____

Home Phone _____ **Work Phone** _____