

Checking Account Application IH Credit Union

Member Information

Account Number _____ Name Last/First/Middle: _____
Address _____ SSN/TIN _____
City/State/Zip _____
Phone _____ E-mail _____ DOB _____
Employment _____ Occupation _____

Joint Owner

Name Last/First/Middle _____
Address _____
City/State/Zip _____
Phone _____ E-mail _____
SSN/TIN _____ Date of Birth _____
Employment _____ Occupation _____

Ownership of Account

Select one ownership type:

1. _____ Individual 2. _____ Joint with survivorship (and not as tenants in common)

Overdraft Coverage

Overdrafts covered by transfer from: share account # _____ Authorized by _____

VISA debit card opt in: _____ Courtesy Pay: _____

Signatures and Certifications

By signing below the undersigned applies for a checking account in this credit union. If approved, the undersigned agrees to the by-laws of this credit union and applicable account terms and conditions, as amended from time to time. The undersigned certifies that the information provided on this application is true and correct and that the terms on this application apply to all accounts. The undersigned authorizes the credit union to verify information provided on this application. The undersigned authorizes the credit union to obtain consumer credit reports on the undersigned from time to time. The undersigned acknowledges receipt of a copy of the terms and conditions applicable to all accounts at the credit union and the funds availability, truth in savings and electronic funds transfer policy disclosures.

1. X _____
Member Signature Date
2. X _____
Member Signature Date

Beneficiaries:

_____ Revocable Trust or
_____ Pay-on-death designation as defined in the account terms and
conditions.

(Place name and address of beneficiaries below):

Office Use Only

Approved _____ Denied _____