

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** 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, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**Application Instructions**

- Complete all applicable sections of this application, front and back. Sign and date on back.
- A "member share" deposit of \$25.00 is required to establish your credit union membership.
- Two forms of Government issued Identification is required.

**Accounts and Services – Check all that apply**

- Base Share (Savings)     
  Share Draft (Checking)     
  ATM/Debit Card     
  Audio Response  
 Holiday Savings     
  Vacation Savings     
  Online Account Servicing

**ACCOUNT OWNERSHIP**

- Individual Account     
  Joint Account

**Payable on Death** - allows a member to designate beneficiaries. Upon the death of all Account holders, available shares will be split equally among all surviving beneficiaries except for CD's & IRA's with a separate beneficiary designation

Beneficiary	SSN	DOB	Beneficiary	SSN	DOB	Beneficiary	SSN	DOB
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Address			Address			Address		
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		

**PRIMARY MEMBER INFORMATION**

Legal Name	E-Mail Address	SSN/TIN	Date of Birth	Driver's License #/State
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mother's Maiden Name	Employer	Home Phone	Work Phone	Cell Phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Physical Address		Mailing Address		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		

**JOINT MEMBER INFORMATION**

Legal Name	E-Mail Address	SSN/TIN	Date of Birth	Driver's License #/State
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mother's Maiden Name	Employer	Home Phone	Work Phone	Cell Phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**JOINT MEMBER INFORMATION CONTINUED**

Physical Address

Mailing Address



**Domestic Correspondent Banking Questionnaire**

Do you intend to utilize any of the following services?

Correspondent Banking Services	YES	NO	Average Number	Average Amount
Currency Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Currency Withdrawals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Check Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Checks Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Domestic Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
International Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
ACH Deposits (Direct Deposit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
ACH Withdrawals (Direct Deductions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**DISCLOSURES**

**APPLICANTS FOR SHARE DRAFT ACCOUNTS** – Share Draft Accounts with Azalea City Credit Union is based on eligibility requirements and membership qualification through ChexSystems

By signing this Master Account Agreement Form, each of the undersigned acknowledges receipt of and agrees to abide by the terms and conditions set forth in the accompanying Master Account Agreement and the Fee Schedule as amended from time to time. The Master Account Agreement and the Fee Schedule, as amended, constitute the entire Agreement between the parties. There are merged herein all prior and collateral representations, promises, and conditions in connection with the subject matter hereof. Any representation, promise, or condition not incorporated therein is unenforceable. No delay in enforcement of our rights under this Agreement will result in any loss of our rights or relieve you of any of your obligations. If any provision of this Agreement is deemed invalid, the rest of this Agreement will remain in full force and effect. **Note:** By signing this application, (1) you promise that everything you have stated in this application is correct to the best of your knowledge, (2) you also authorize **Azalea City Credit Union** to check your credit history, verify your employment, your previous banking relationships through ChexSystems and whatever inquiries necessary in the course of establishing the Account or **reviewing its use**.

<p>_____ Owner Signature</p> <p>_____ Date</p> <p>_____ Joint Signature</p> <p>_____ Date</p>	<p style="text-align: center;"><b>NOTARY</b></p> <p style="text-align: center;"><i>Forms returned to Azalea City Credit Union by mail must be notarized and a copy of the member's current driver license must be submitted.</i></p> <p>_____ Signature</p> <p>_____ Date</p> <p>_____ Commission Expiry Date</p>
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**Credit Union Use Only**

<p>Date Opened _____</p> <p>Employee _____</p> <p>Branch _____</p>	<p style="text-align: center;"><b>Account Verification</b></p> <p><input type="checkbox"/> Driver License                      <input type="checkbox"/> Second Form of ID</p> <p><input type="checkbox"/> Employment Verification            <input type="checkbox"/> Address Verified</p> <p><input type="checkbox"/> eFunds/OFAC Verified</p>
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