

OFFICE USE ONLY: Member Name: _____ Account# _____

COMMUNITY UNITED CREDIT UNION
SHARE DRAFT CHECKING AGREEMENT

I/We hereby authorize Community United Credit Union to establish this share draft account for me/us. The Credit Union is authorized to pay share drafts signed by me (or by 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) All non-cash payments received in this Account will be credited subject to final payment of such items.
- c) 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 pay such share draft and transfer shares to this Account in the amount of the resulting overdraft from any other share account which the undersigned is then eligible to withdraw shares.
- d) The Credit Union may pay a share draft on whatever day it is presented for payment, notwithstanding the date (or any limitation on the time of payment) appearing on the share draft.
- e) 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. Copies of a paid draft may be requested for a nominal fee.
- f) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or non-payment of a share draft.
- g) Any objection respecting any item shown on a 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.
- h) This Account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in its bylaws.
- i) If this Account is owned by more than one person, the Credit Union is hereby authorized to recognize any one of the signatures subscribed below 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 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 the joint owners or the survivor(s) shall be valid and discharge the Credit Union from any liability for such payment. Any or all joint owners agree now and in the future that funds can be withdrawn to offset any negative balance that may occur on this Account. Any or all joint owners agree that all or any part of shares in this Account, now or in the future, can be withdrawn to correct any delinquency that may occur on this Account or any other individual or joint account that you have, or will have in the future. 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 said Credit Union which shall not affect transactions theretofore made.
- j) I/We understand that, should I/We request a stop payment on any share draft(s) there is a fee for this service. The stop payment order must describe the item with reasonable certainty so that the item can be identified and must be received at a time that gives the Credit Union a reasonable opportunity to act upon the order. I/We further understand that the stop payment has a 24-hour waiting period, that I/We must sign a stop payment agreement, and that the stop payment is only good for six (6) months. Failure to sign the stop payment agreement within fourteen (14) days of request will void the stop payment, with fee intact.
- k) I understand that the share draft account has a \$1.95 monthly maintenance fee.
- l) This Account is also subject to such other terms, conditions, and service charges as the Credit Union may establish from time to time.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

OVERDRAFTS

I want Community United Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions if I am eligible for Overdraft Privilege.

I do not want Community United Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions at any time.

Printed Name: _____

Date: _____

Account Number(s): _____