



STATE CREDIT UNION \*

ACCOUNTCARD/APPLICATION FOR MEMBERSHIP & SERVICES

NEW MEMBER EXISTING MEMBER MEMBER # DATE: \_\_\_\_\_

STEP 1: TELL US ABOUT YOURSELF PLEASE PRINT ALL INFORMATION

Form section for Step 1 containing fields for Full Name, SSN or TIN, Date of Birth, E-mail, Mother's Maiden Name, Name of Employer, Gov't Issued ID #, Issuer, Issue Date, Expiration, If different Mailing Address, Street Address, City, State, Zip, Home Phone, Work Phone, Cell Phone.

STEP 2: ESTABLISH YOUR MEMBERSHIP

Form section for Step 2 containing checkboxes for MEMBERSHIP SAVINGS ACCOUNT and MINOR SAVINGS ACCOUNT, and a field for MEMBERSHIP ELIGIBILITY.

STEP 3: SERVICES REQUESTED

Form section for Step 3 containing checkboxes for CHECKING ACCOUNT, OVERDRAFT INSTRUCTIONS, OTHER ACCOUNTS, and SELF SERVICE CONVENIENCE.

STEP 4: DESIGNATE THE OWNERSHIP FOR YOUR ACCOUNTS AND COMPLETE THE INFORMATION BELOW FOR THE ADDITIONAL ACCOUNTHOLDER.

Form section for Step 4 containing checkboxes for JOINT, TRUSTEE, and CUSTODIAN, and two sets of fields for additional account holder information (Name, SSN, Date of Birth, E-mail, Mother's Maiden Name, Name of Employer, Gov't Issued ID #, Issuer, Issue Date, Expiration, Street Address, Home Phone, Work Phone, Cell Phone, If different Mailing Address).

**STEP 5: SIGNATURES**

I/we hereby make application for the account(s) and/or membership as indicated and agree to conform to the Bylaws, as may be amended, of SC State Federal Credit Union ("Credit Union"). I certify that I am within the field of membership of this Credit Union if membership is requested. I/we certify the signature(s) on this card apply to all accounts designated on the front; and all information provided is true and correct. I also acknowledge that I have received and agree to be bound by any terms and conditions in this card, and in the Consolidated Agreements & Disclosures Booklet, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. **All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union.** This card authorizes the Credit Union to open future subaccounts and/or services in the names of the owners or Account Title listed on the front.

I [We] agree with each other and the S.C. State Federal Credit Union that: 1-The credit union is requested and authorized to recognize either signature as having equal authority when there is more than one owner; 2-This account will be established with full right of survivorship when there is more than one owner; 3- I [We] authorize you to obtain information, including a consumer credit report, to check my credit or other banking records, to determine other credit union services that may be available; 4-I [We] hereby pledge all funds in this account toward any transaction made by either of us in this or any other account either of us may have with the credit union; 5-Any or all owners of this account may pledge any specific portion of shares [deposits] in this account as collateral to secure a loan with the credit union.

**ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERS LISTED ON FRONT):**

The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Consolidated Agreements & Disclosures Booklet including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.

**CONSENT TO ELECTRONIC DISCLOSURES:** If I use, apply for or access any electronic services of the Credit Union, I agree to receive disclosures electronically, and have the ability to do so, as described in "TERMS AND CONSENT APPLICABLE TO ELECTRONIC SIGNATURES" of the Consolidated Agreements & Disclosures Booklet. Accounts opened via telephonic or electronic means will rely on the signatures set forth on this card as the physical signature of the owners/authorized users of this/these accounts as applicable.

**INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES:** The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding below. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
*Signature Date Signature Date*

3. \_\_\_\_\_ 4. \_\_\_\_\_  
*Signature Date Signature Date*

**W-9 CERTIFICATION - IF DEPOSITOR IS U.S. CITIZEN OR RESIDENT ALIEN UNDER PENALTIES OF PERJURY:**

I certify (1) that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from back-up withholding under federal laws or a specific FATCA Exempt Payee Code (\_\_\_\_ enter code here from W-9 Instructions), 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. Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**W-8 CERTIFICATION - IF DEPOSITOR IS FOREIGN PERSON OR ENTITY: Certification is provided on a separate document on a Form W-8BEN**

**PAYABLE ON DEATH (POD): COMPLETE ONLY IF POD - NOT TO BE USED FOR IRA OR OTHER RETIREMENT PLAN ACCOUNTS.**

1. Name:	Relationship:	Beneficiary's SSN:
Address:	Birth date:	
2. Name:	Relationship:	Beneficiary's SSN:
Address:	Birth date:	

This POD Designation Only applies to the Account(s) Listed on the Reverse Side. I/we understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. I understand that these accounts will belong to the named beneficiary(ies), and will not be inherited by my/our heirs, or controlled by will. The provisions set forth in the Membership Agreement with the Credit Union will govern payment.

**Member/Owner/User Identification Verified via:**

- 1.  Driver's License.  Other: \_\_\_\_\_ Verified By: \_\_\_\_\_
- 2.  Driver's License.  Other: \_\_\_\_\_ Verified By: \_\_\_\_\_
- 3.  Driver's License.  Other: \_\_\_\_\_ Verified By: \_\_\_\_\_
- 4.  Driver's License.  Other: \_\_\_\_\_ Verified By: \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Savings Acct# \_\_\_\_\_ Checking Acct# \_\_\_\_\_ Money Market Acct# \_\_\_\_\_  
 Date \_\_\_\_\_ Opened / Approved by \_\_\_\_\_ Branch location \_\_\_\_\_

*SCU Employee Signature*

Qualified for:  Loan \$ \_\_\_\_\_  Visa \$ \_\_\_\_\_  Overdraft LOC \$ \_\_\_\_\_  Visa Check Card  Other \_\_\_\_\_

Requested: (Initial when set up/information provided)  DEBIT / ATM (Sent app to Plastics) \_\_\_\_\_  Telephone Teller PIN \_\_\_\_\_  SCU Online Instructions \_\_\_\_\_

Direct Deposit Instructions \_\_\_\_\_  Check order \_\_\_\_\_  Monthly statement (checking) \_\_\_\_\_



## Information about Overdrafts and Overdraft Fees

An *overdraft* occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have **standard overdraft practices** that come with your account.
2. We also offer **overdraft protection plans**, such as a link to a savings account or line of credit that may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This form explains our **standard overdraft practices**.

### What are the standard overdraft practices that come with my account?

- We authorize and pay overdrafts for checks and automatic payments made using your checking account number.
- We DO NOT authorize and pay overdrafts for everyday purchases made with a debit or ATM card unless you ask us to (enroll below).
- We DO NOT authorize and pay overdrafts for transactions made at any ATM machine.

We pay overdrafts at our discretion, which means we *do not guarantee* that we will always authorize and pay any type of transaction.

If we *do not* authorize and pay an overdraft, your transaction will be denied.

### What fees will I be charged if State Credit Union pays my overdraft?

We charge a fee of **up to \$30** each time we pay an overdraft. If the overdraft was caused by a debit card purchase of \$5 or less, the fee is \$5.

There is *no limit* on the total fees we can charge you for overdrawing your account.

### What if I want State Credit Union to authorize and pay overdrafts on my everyday debit or ATM card purchase transactions?

If you also want us to authorize and pay overdrafts on everyday debit or ATM card purchase transactions, ask at any SCU office, call us at 800-868-8740 (803-343-0300) or visit [www.scscu.com/opt-in](http://www.scscu.com/opt-in).