

CATHOLICS UNITED CREDIT UNION
ACCOUNT AGREEMENT AND SIGNATURE CARD

Member No.: _____

Date: _____

Emp. Initials _____

ACCOUNT OWNER NAME AND ADDRESS: (1)

 Yrs at Address: _____

SSN: _____
 H-Phone _____
 W-Phone _____
 Employer: _____
 DriversLic.No. _____
 Birthdate: _____

Type ID _____ ID# _____ Place of issue _____ Issue date _____ Exp. Date _____

Joint Owner: (2)

SSN: _____
 H-Phone _____
 W-Phone _____
 Birthdate: _____
 Employer: _____

Type ID _____ ID# _____ Place of issue _____ Issue date _____ Exp. Date _____

Joint Owner: (3)

SSN: _____
 H-Phone _____
 W-Phone _____
 Birthdate: _____
 Employer: _____

Type ID _____ ID# _____ Place of issue _____ Issue date _____ Exp. Date _____

OWNERSHIP OF ALL ACCOUNTS:

The ownership specified here will remain the same for all account types. Individual Joint-with rights of survivorship(and not as tenants in common) Revocable Trust-Dated _____ / Irrevocable Trust-Dated _____ / Payee/Conservatorship _____

PAY-ON-DEATH BENEFICIARIES ARE DEFINED IN THE TERMS AND CONDITIONS OF YOUR IMPORTANT ACCOUNT INFORMATION

Name: _____ Address: _____
 Name: _____ Address: _____

REPAYMENT OF LIABILITIES - You each promise to pay and agree that we may (without prior notice and when permitted by law) charge against and deduct from any account you have with us any liability you owe us now or may owe us in the future, by any of you having the right of withdrawal, to the extent of such persons' or legal entity's right to withdraw. If the debt arises from a note, any liability you owe us now or may owe us includes the total amount which we are entitled to demand payment under the terms of the note at the time we charge the account, including any balance the due date for which we properly accelerate under the note or credit agreement.

BY SIGNING BELOW -, You agree to be bound by the by-laws of this Credit Union and the applicable account terms and conditions provided with this agreement as amended from time to time. You authorize the Credit Union to verify employment and credit history by any lawful means, including preparation of a credit report by a credit reporting agency. When the above additional services have been applied for and approved, you, by signing, using or permitting another to use these services, agree to be bound by the terms and conditions accompanying the services and all further amendments. You certify that the information provided on this agreement is true and correct and that the terms in this agreement apply to all listed accounts. You promise that everything in this application is correct to the best of your knowledge. Catholics United Credit Union reserves the right to request additional information. The funds in this account are non-transferable except on the books of this depository institution.

_____* I acknowledge receipt of a copy of the Truth in Savings and Funds Availability terms and conditions applicable to each account and agree to be bound by those provisions. *member initial
 _____*I acknowledge that I am a member of a Catholic Parish in Reno, Rice, McPherson, Harvey, or Sedgwick counties, Kansas *member initial

Parish where registered: _____ verified by: _____

SIGNATURE - I certify under penalties of perjury that the Taxpayer Identification Number (SSN/TIN) given on this signature card and the statements checked in this section are correct. The US Patriot Act requires financial institutions to obtain information from an individual or legal entity to help prevent fraud, identity theft and the spread of terrorism. Your cooperation is needed when you open a new account or request a loan because you may be asked more questions to establish and confirm your identity. You may also be required to provide us with one or more forms of identification. By signing below you authorize Catholics United Credit Union to obtain credit reports in connection with this application and promise that everything you have stated in this application is correct to the best of your knowledge.

Signature (1) _____ Signature (2) _____
 Signature (3) _____