



# CALIFORNIA ADVENTIST FEDERAL CREDIT UNION

## CHECKING ACCOUNT APPLICATION

### FOR CREDIT UNION USE ONLY

Account Number: \_\_\_\_\_ Draft ID Number: \_\_\_\_\_

### MEMBER/OWNER INFORMATION

I hereby make an application for a Checking (Share Draft) account at California Adventist Federal Credit Union and agree to conform to the By-Laws or any amendments thereof.

THIS ACCOUNT (1) IS SUBJECT TO THE TERMS OF THE APPLICATION FOR THE ASSOCIATED REGULAR SHARE ACCOUNT AS TO THE RIGHTS OF BENEFICIARIES, IF ANY, (2) IF SIGNED BY MORE THAN ONE PERSON THIS IS A JOINT ACCOUNT WITH RIGHT OF SURVIVOR SHIP AND (3) IS GOVERNED BY THE AGREEMENT BELOW

I/we hereby authorize the California Adventist Federal Credit Union (the Credit Union) to establish a Checking (Share Draft) Account for me/us. The Credit Union is authorized to pay share drafts signed by me (or by any of us, if this agreement is signed by more than one person) and to charge the payments against this Share Draft Account.

Opening Fee: \$2.00

Full Name: \_\_\_\_\_  
Last First M.I.

Address : \_\_\_\_\_  
Street Address Apartment/Unit #:

\_\_\_\_\_ City State Zip Code

Birth date: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse's First Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

\*By signing below and/or reverse hereof, owner(s) agree that this account shall be governed by terms and conditions set forth on this application. Owner(s) acknowledge receipt of and agree to the terms of the Truth-In-Saving Disclosure a copy of which owner(s) have received.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## JOINT OWNER ACCOUNT INFORMATION (IF APPLICABLE)

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #:

\_\_\_\_\_ City State Zip Code

Birth date: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse's First Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

*\*We certify under penalty of perjury that the information provided on this form is true and correct*

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint's Signature (if Applicable): \_\_\_\_\_ Date: \_\_\_\_\_

## FIRST TIME CHECK ORDER

\*INFORMATION WRITTEN BELOW WILL APPEAR ON CHECKS

Name One: \_\_\_\_\_

Name Two: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #:

\_\_\_\_\_ City State Zip Code

Number of boxes in this order:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 4
Print phone number on drafts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, <input type="checkbox"/> Home #: _____ <input type="checkbox"/> Business #: _____
Include a Check Register in my order:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
To open my Share Draft Checking Account:	<input type="checkbox"/> I enclosed a deposit of \$ _____ <input type="checkbox"/> Transfer \$ _____ from my regular share account.		
Please select one of the following for check designs and check types:			
1.	<input type="checkbox"/> Duplicates	or	<input type="checkbox"/> Singles
2.	<input type="checkbox"/> Personal	or	<input type="checkbox"/> Business
3.	<input type="checkbox"/> Traditional (Blue)	or	<input type="checkbox"/> Personalized (Design #: _____)
I would like to receive my checks by (select option below):			
<input type="checkbox"/> Mail to member's address		<input type="checkbox"/> Pick up from CAFCU Branch	

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*by signing you recognize any information listed in this section will reflect on the ordered checks. The purchase amount will be non-refundable and charged to your checking account.

## TERMS AND CONDITIONS OF CHECKING (SHARE DRAFT) ACCOUNT

- (a) Only share draft blanks and other methods approved by the Credit Union may be used to withdraw funds from this share draft account.
- (b) The Credit Union is under no obligation to pay a share draft on which the date is more than six (6) months old.
- (c) Except for negligence, the Credit Union is not liable to me/us for any action it takes regarding payment or nonpayment of a share draft.
- (d) Any objection respecting any item shown on a monthly statement of the share draft account shall be waived unless made in writing to the Credit Union within 60 days after the Statement is mailed.
- (e) All non-cash payments received on shares in the share draft account will be credited subject to final payments.
- (f) The share draft account will be subject to service charges in accordance with the rate schedules adopted by the Credit Union from time to time.
- (g) OVERDRAFTS. The Credit Union is under no obligation to pay a share draft which exceeds the balance in the share draft account.

Transfers will be made from share account(s) to cover overdrafts on NSF items. For each overdraft transfer paid **a NSF fee will be assessed (fee is subject to change at anytime at CAFCU's discretion)** If there are not sufficient funds in the Share Account(s) the draft will constitute a request from the signature loan overdraft protection account in an amount sufficient to pay the draft. If there are no funds available in the loan account the draft will be returned for Non Sufficient Funds (NSF). If you do not have a signature loan overdraft protection account the draft will be returned for NSF and a fee will be assessed. As a general rule, **if a member writes three (3) checks returned for NSF in the first three (3) months a share draft account is open, they will receive a warning letter. If there are three (3) more NSF items in 90 days the account will be closed;** California Adventist Federal Credit Union reserves the right to close any account at any time, for unsatisfactory activity, even in advance of this general rule, if it deems it advisable, in its discretion, to protect its accounts or its members.

- (h) The use of the share draft account is subject to such other terms, conditions; and requirements as the Credit Union may establish from time to time.

I authorize CAFCU to automatically process Overdrafts and the appropriate fees from my CAFCU account.

I understand the item will be returned and a fee will be assessed

By signing below you acknowledge and agree to all the Terms and Conditions above and understand your marked decision above relating to Overdrafts and its appropriate fees.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint's Signature (if Applicable): \_\_\_\_\_ Date: \_\_\_\_\_

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**(for Office Use Only)**

Checking Account Opened By: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Checks Ordered By: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

Location of Temporary Checks:  Mailed to Member  Filed in Member File  
 Given to Member when Account was Opened