



## AHP APPLICATION & ACCOUNT AGREEMENT

This is not a Health Savings Account (HSA). This account does not offer any HSA tax benefits.

### Select your Accounts

☐ AHP Savings (\$100 minimum)

PROMO CODE \_\_\_\_\_

☐ AHP Checking (\$100 minimum) With overdraft line of credit Requested credit line amount \$ \_\_\_\_\_ ☐ I choose to decline an overdraft line of credit ☐ ATM/Debit Card

Issue checks for: ☐ Checking Account (First box free)

### Account Signer(s) Account will be: ☐ Individual ☐ Joint

Owner/Member #1: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN/TIN# \_\_\_\_\_ HH Income \$ \_\_\_\_\_

Signer #2: \_\_\_\_\_ Date of Birth \_\_\_\_\_ ☐ Joint ☐ Inquiry only

For additional Signers, complete another Account Agreement form

### Agreement and Authorization, Terms and Conditions

1. Opening or changing an account. I/We request that ACCU open the account(s) or make the change(s) described above. I/We acknowledge receipt of the following disclosures. Important Account Information for our Members: Terms and conditions, Electronic transfers, Funds Availability, and Truth in Savings, Electronic Records Disclosure and Agreement, and Privacy Policy Disclosure to Members. These disclosures are incorporated herein by reference and by which this account is governed. I/We acknowledge and agree that all accounts at ACCU are subject to any and all rules, regulations, bylaws and policies of the Credit Union and its Board of Directors now in effect and as amended or adopted hereafter. Multiple signatures indicate this is a joint account with Right of Survivorship. I/We understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in this account or the fitness of the account or agreement for any particular purpose.

2. **Tax Reporting. Name and social security number on line 1 will be used for tax reporting.**

3. Credit History. I/We authorize ACCU to check my/our credit and employment history, to obtain credit reports, and to answer questions about my/our credit experience with ACCU.

4. ATM/Debit VISA Debit Card. If I/we have placed a checkmark in the box next to "ATM/Debit" or "ATM only" adjacent to our name(s) above, by our signature(s) below, I/we apply for and request ACCU issue an ACCU ATM/Debit or ATM only card. If a card is issued to me/us, by using the card, I/we acknowledge receipt of and agree to be bound by the Credit Union's Electronic Funds Transfer Agreement and Disclosures which govern the use of the card(s).

5. Security Interest. I/We acknowledge and agree that, as condition for the issuance of an ACCU ATM/Debit or ATM only card, I/we grant ACCU a security interest in the shares and deposits in all joint and single party accounts, as described in the **Terms and Conditions**, in which we have interest.

6. Overdraft Protection. Subject to the provisions of the **Terms and Conditions**, if any action is taken with regard to my/our checking account results in the account becoming overdrawn, I/we authorize ACCU to make a transfer from the following account, in the order specified, together with any related fees: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

7. POD (Payable on Death). I/We agree that the person(s) named below is/are designated as POD payee(s). On the death of the last of us to survive, ownership of the account passes to the POD payee(s). I/We understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in the account, the validity of any POD designation, or the fitness of this account or agreement for any particular purpose.

### Designation of Transfer on Death Beneficiary

Beneficiary #1: \_\_\_\_\_ Relationship to Beneficiary \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address (No P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Beneficiary #2: \_\_\_\_\_ Relationship to Beneficiary \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address (No P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

For additional Beneficiaries, complete another Account Agreement form

### Taxpayer Certification and Signature

Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number; and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, 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 I am a U.S. citizen or other U.S. person. 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.

The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

Owner/Member #1 X \_\_\_\_\_ Date \_\_\_\_\_

### Signatures

By signing below, the undersigned has applied for the accounts & services listed above with the credit union; agrees to its by-laws and the Terms and Conditions of any approved account, as amended from time to time; and authorizes the credit union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certifies that the information provided on this Application is true and correct, and that the terms on the Application apply to all accounts held by the undersigned at this credit union. By signing below, the undersigned acknowledges receipt of the named disclosures and the Terms and Conditions that apply to any approved account.

1. Owner/Member #1 \_\_\_\_\_ Date \_\_\_\_\_

2. Signer #2 \_\_\_\_\_ Date \_\_\_\_\_



**Step 1 Debit From:**

Other Financial Institution \_\_\_\_\_ Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ ☐ Savings ☐ Checking

Amount \$: \_\_\_\_\_

Transfer will occur on the following business day should your payment fall on a weekend or banking holiday

**Step 2 Credit To:**

Name on Account: \_\_\_\_\_

☐ ACCU - Account Number: \_\_\_\_\_ ☐ Savings ☐ Checking ☐ Loan

**Step 3 Signature**

I (we) hereby authorize America's Christian Credit Union (ACCU) to initiate debit entries to my (our) account indicated above at the depository financial institution named above, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law. This authorization is to remain in full force and effect until ACCU receives written notification from me (or either of us) of its termination in such time and in such manner as to afford ACCU a reasonable opportunity to act on it. I agree to the terms and conditions set forth for my account as contained in ACCU's Terms and Conditions, Electronic Transfers, Funds Availability and Truth-in-savings Disclosure.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit Union Use Only**

Received/verified By: \_\_\_\_\_ Date: \_\_\_\_\_ Back Office ACH Set-up By: \_\_\_\_\_ Date: \_\_\_\_\_ ☐ OFAC or ☐ N/A (ACCU member)