



CUSTODIAL/FIDUCIARY APPLICATION AND ACCOUNT AGREEMENT

Select your Accounts

New Change

- Savings Acct # _____ Christmas Club (maximum \$20,000) Acct # _____
- Basic Checking Acct # _____ Secure Checking Acct # _____
- Money Market (minimum \$2,500) Acct # _____ Money Market Plus (minimum \$25,000) Acct # _____
- Term Share Certificate (minimum \$1,000) Term _____ Acct # _____ Vacation Club (maximum \$20,000) Acct # _____

Issue checks for: Checking Account (Ordered Upon Request) Money Market (Check fee will be charged to your account)

Account Signers

1. Owner/Member: _____ Date of Birth _____ Tax ID# _____
2. Custodian/Fiduciary: _____ Date of Birth _____ ATM/Debit ATM only

Agreement and Authorization

- Custodial accounts are opened in the name and Social Security number/Tax ID of the minor, with a designated custodian. Either custodian or the minor must be eligible for ACCU membership. The funds in the account are owned by the minor who has unconditional use of the account when he or she reaches the age of majority. Before that time, only the custodian (or successor custodian) may access the account, and the funds must be used for the benefit of the minor. ACCU, however, has no duty or agreement whatsoever to monitor or insure that the acts of the custodian (or successor custodian) are for the minor's benefit.
- Opening or changing an account. I request that ACCU open the account(s) or make the change(s) described above. I acknowledge receipt of the following disclosures: Truth-in-Savings, Electronic Funds Transfers, Funds Availability and Privacy. These disclosures are incorporated herein by reference and by which this account is governed. I 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 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.
- Credit History. I authorize ACCU to check my credit and employment history, to obtain credit reports, and to answer questions about my credit experience with ACCU.
- ATM/Debit VISA Debit Card. If I have placed a checkmark in the box next to "ATM/Debit" or "ATM only" adjacent to my name above, by signing below, I apply for and request ACCU issue an ACCU ATM/Debit or ATM only card. If a card is issued to me, by using the card, I 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.
- Security Interest. I acknowledge and agree that, as condition for the issuance of an ACCU ATM/Debit or ATM only card, I 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 I have interest.
- Overdraft Protection. Subject to the provisions of the Terms and Conditions, if any action is taken with regard to my checking account results in the account becoming overdrawn, I authorize ACCU to make a transfer from the following account, in the order specified, together with any related fees: 1. _____ 2. _____ 3. _____ 4. _____

Successor Custodian(s) (Adult(s))

I hereby designate the person(s) named below to be SUCCESSOR CUSTODIAN(S) in the following order, if the custodian originally designated is unable, declines, is ineligible to serve, resigns, dies, becomes incapacitated or is removed.

- Successor Custodian #1: _____ Date of Birth _____
- Successor Custodian #2: _____ Date of Birth _____

Signature

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, as custodian, 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. Custodian/Fiduciary's Signature _____ Date _____

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This area for credit union use only.

Approved By _____ Date _____ Title _____