



[Redacted box]

PLEASE PRINT IN INK
SOCIAL SECURITY # (TIN) _____

Name (First, MI, Last) _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Employer _____ UNO DEPT _____

Date of Birth _____ Driver's License # / State Issued _____

OVERDRAFT PROTECTION

If I indicate below, the Credit Union may transfer what is available from my Primary Savings Account (-0) to pay a check or EFT item. The Credit Union may treat such items as a request to transfer funds from my Primary Savings Account (-0). If I establish a Goldline Account, the Credit Union may treat such items as a request to transfer funds from my (-0). Overdraft fees will be charged as disclosed in the current Rate & Fee Schedule.

_____ I DO want Overdraft Protection

_____ I DO NOT want Overdraft Protection

x _____
Signature of Member

x _____
Signature of Joint Owner #1

x _____
Signature of Joint Owner #2

x _____
Signature of Joint Owner #3

Joint Account Agreement

I understand that adding a joint owner(s) to my account entitles them to complete transaction authority. The only way a joint owner can be removed from an account is by written permission from them.

Joint Owner #1 _____

SS# (TIN) _____

Address _____

DL# & STATE _____

City, State & Zip _____

DATE OF BIRTH _____

Joint Owner #2 _____

SS# (TIN) _____

Address _____

DL# & STATE _____

City, State & Zip _____

DATE OF BIRTH _____

Joint Owner #3 _____

SS# (TIN) _____

Address _____

DL# & STATE _____

City, State & Zip _____

DATE OF BIRTH _____

FOR CREDIT UNION USE ONLY

Telecheck Approval Code _____

DATE _____