



Application Packet Guide

- Page 1: Please fill out **ALL** highlighted areas!
 - If unemployed, please put N/A
 - If retired, please list the company and position you retired from
 - If you are a student, please list your school under Employer and student under Occupation
 - *Please do not fill out Co-Applicant side unless the Co-Applicant is present*
- Page 2: Please consider adding a Payable on Death (POD) Beneficiary. Although this is not required, we do recommend it on all accounts. A POD Beneficiary cannot access your account while you are living. Only in the event of your passing, the Beneficiary will have access to the funds in the account. Adding a Beneficiary to your accounts prevents your funds from going to Probate.
 - "Probate" is a court-supervised process of transferring legal title from a person who has died to the person's "Distributees". Probate proceedings can take up to a year or two and easily cost the Distributee from 3% to 7% or more of the total estate value.
- Page 3: All account owners (both Primary and Secondary, if applicable) must print name, sign, and date this form.
- Page 4: This page is asking if you would like St. Louis Community to allow you to spend money that is not currently available in your account (Overdraft Privilege). There is an **\$18 fee per transaction** while your account balance is negative.

You have two options to choose from on the bottom of the page, Yes or No (pictured below).

| |
|--|
| <input type="checkbox"/> NO ...I do not want St. Louis Community Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions. |
| <input type="checkbox"/> YES ...I want St. Louis Community Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions. |

- If you select **No**, you will not be able to use your debit card to access Overdraft. If you do not have sufficient funds in your account to cover the transaction while using your card, the transaction will be declined. However, Overdraft will cover

Checks and other transactions made using your checking account number and Automatic Bill Payments.

- If you select **Yes**, you are agreeing to allow Overdraft Privilege to be connected to your debit card. This authorizes the Credit Union to pay overdrafts at the ATM and on debit card transactions, in addition to checks, automatic bill pay, etc.

**We may pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. Overdraft is a privilege and will be revoked if abused.*

- Page 5: Sign this page if you would like to Opt OUT of Overdraft Privilege. This would apply to ALL overdraft transactions, including checks, ACH, automated electronic debits, and debit card transactions. If you do not have enough funds in the account, transactions will be declined. However, if items are presented to clear the account (e.g. checks, automatic bill pay, etc.) you could run the risk of being charged a non-sufficient fund (NSF) fee of \$18 and the item being returned unpaid.

- Please text a copy of your ID to Alyson Gray at 314-940-4535 or by email at

allyson.gray@stlouiscommunity.com



St. Louis Community
Credit Union

**Exclusively for Select Employee Groups and
Community Partners of St. Louis Community**

Account #: _____

Valid picture identification is required to open your account. If the account is a joint account, both IDs are required. All new accounts will be verified through a third party verification system. By completing this application, you agree to allow the credit union authorization to submit this information to our third party verification system.

I would like to open the following account(s) [based on ChexSystems approval]. To Be Completed By Credit Union Rep

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Regular Savings | <input type="checkbox"/> Smarty kids Club | <input type="checkbox"/> Journey Savings | <input type="checkbox"/> Spring Break Savings Club |
| <input type="checkbox"/> Save To Prosper | <input type="checkbox"/> Holiday Club | <input type="checkbox"/> Vacation Savings | <input type="checkbox"/> Ascend Checking |
| <input type="checkbox"/> Bronze Checking | <input type="checkbox"/> Gold Checking | <input type="checkbox"/> Silver Checking | <input type="checkbox"/> Freedom Checking |
| <input type="checkbox"/> Freedom Start-Up Checking | <input type="checkbox"/> Daily Interest Investment Account | | <input type="checkbox"/> MoneyMAX Debit Card |

Account Owner(s) Information

Applicant:

Co-Applicant:

Name: _____

Name: _____

Social Security #: _____

Social Security #: _____

ID #: _____ State: _____

ID #: _____ State: _____

Issue Date: _____ Expiration Date: _____

Issue Date: _____ Expiration Date: _____

Date of Birth: _____

Date of Birth: _____

Home Phone #: _____

Home Phone #: _____

Street Address: _____

Street Address: _____

Unit or Apt. #: _____

Unit or Apt. #: _____

City, State & Zip Code: _____

City, State & Zip Code: _____

Favorite Color: _____

Favorite Color: _____

Cell Phone #: _____ Work #: _____

Cell Phone #: _____ Work #: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Direct Deposit/Payroll Deduction Distribution (For accounts other than the MasterCard MoneyMAX debit card):

- ☐ Entire Paycheck **OR** ☐ Portion of Paycheck (Amount: \$ _____), distributed as follows:
☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Weekly

| | | |
|---------------------------|-------------------------------------|--|
| Savings: \$ _____ | Vacation Savings: \$ _____ | Other: _____ \$ _____ |
| Checking: \$ _____ | Daily Interest Investment: \$ _____ | Other: _____ \$ _____ |
| Holiday Savings: \$ _____ | Save To Prosper: \$ _____ | MoneyMAX Debit Card Entire Paycheck: _____ |

Designation of Payable on Death Beneficiary (ies):

I, _____, under the non-probate transfers law of Missouri (applicable only to the extent utilized here), hereby designate the following as the beneficiary(ies) on account covered by this agreement:

Beneficiary #1:

Beneficiary #2:

Beneficiary Name: _____

Beneficiary Name: _____

Birth Date or SS#: _____

Birth Date or SS#: _____

Relationship: _____

Relationship: _____

Signature Authorization (Applicant): _____

Date: _____

Signature Authorization (Co-Applicant): _____

Date: _____

Witness: ** _____

**A beneficiary may not be a witness.

By signing this application, I agree to be bound by the terms and conditions of the Freedom Checking Account or Visa MoneyMAX debit card, a copy of which will be provided at a later date, with a copy of the electronic funds transfer disclosure. I further agree that use of the Freedom Checking Account or Visa MoneyMAX debit card will constitute my agreement.

Share Account and Checking Account Agreement:

By signing below, I/we apply for membership in St Louis Community Credit Union and agree to the term and conditions of this Membership Application and Share Account Agreement and Checking account Agreement if applicable, Truth-in Savings Rate and Fee Schedule, Funds Availability Policy Disclosure. I/we also agree, if applicable, to any amendment St Louis Community makes from time to time and the terms and conditions set forth in the agreement(s). I/we have received and read the Account Agreement, Truth-in Savings and Fee Schedule applicable to the accounts and services requested in this application. If an access card or EFT service is provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

All terms, conditions, identity of the owner(s), form of account ownership, account selection and other information contained in the Account Agreement apply to saving and checking account(s). Any change in information must be on forms supplied by St Louis Community and will not be effective until actually received by St Louis Community and St Louis Community has had sufficient opportunity to act upon the change. All changes shall conform to the Membership and Account Agreement and St Louis Community policy.

IMPORTANT: TIN Certification must be signed as part of membership application:

TIN Certification and Backup Withholding Information: Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number, (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 (3) I am a U.S. person (including a U.S. resident alien).

Instructions: 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

I hereby acknowledge all the information given is accurate to the best of my knowledge, I agree to the terms of the share/checking account agreements, and I have read and understand the TIN Certification.

Signature Authorization (Applicant): _____

Date: _____

Signature Authorization (Co-Applicant): _____

Date: _____

**For Credit Union
Use Only**

Account Number: _____

Products Opened: _____

Event/Location: _____

Initial Deposit Amount: _____

ID Scan Number: _____

Credit Score: _____

Qualifile Info: _____

Address Verification Needed: Yes _____ No _____

Teller #: _____

Teller Initials: _____

Opening Location: _____



St. Louis Community™
Credit Union

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I/We authorize the Credit Union to obtain information from a consumer reporting agency and to obtain copies of my/our credit reports, now and in the future, in order to determine my/our eligibility for membership and products and services offered by the Credit Union.

Primary Account Owner

Printed Name: _____

Signature: _____

Date: _____

Secondary Account Owner 1

Printed Name: _____

Signature: _____

Date: _____

Secondary Account Owner 2

Printed Name: _____

Signature: _____

Date: _____

What you need to know about Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but the Credit Union pays it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to your savings account, which is less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

► What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We will not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- Everyday debit card transactions

We may pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

► What fees will I be charged if St. Louis Community Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of up to **\$18** each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

► What if I want St. Louis Community Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, call 314-534-7610 (option 4), visit www.stlouiscommunity.com, or complete the information below and mail it to: 3651 Forest Park Ave St. Louis, MO 63108.

_____ **NO...** I do not want St. Louis Community Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

_____ **YES...** I want St. Louis Community Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Printed Name: _____

Date: _____

Signature: _____

Account Number: _____

*You have the right to revoke this authorization at any time. St. Louis Community Credit Union will not refund any fees occurred prior to revoking this authorization.



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Request to **Opt Out** of Overdraft Privilege

I hereby request and authorize St. Louis Community Credit Union to eliminate Overdraft Privilege from my checking account number _____. I understand that this opt-out covers all overdraft transactions including checks, ACH, automated electronic debits and check card transactions. I also understand that if items are presented to clear my account and funds are not available, that such items may be returned as Non-Sufficient Funds (NSF) and an NSF fee may be charged.

Signature

Date