



# Summit Federal Credit Union

Main Office  
100 Wheeler St., Akron, Ohio 44311

Salem Branch  
1070 E State St., Salem, Ohio 44460

## Checking (Share Draft) Account Application & Agreement

I am applying for a:  Secure-24 Checking  E-ssential Checking  Statement Checking  
 Gold Crown Checking  Money Market Checking  Fresh Start Checking

Account # 770 \_\_\_\_\_ Name \_\_\_\_\_ Joint Owner \_\_\_\_\_

### THE THINGS THAT YOU AGREE TO WITH YOUR ACCOUNT:

- You agree not to pledge your accounts as collateral with any other creditor.
- Any owner or joint owner may direct payments or obtain withdrawals without further consent of the other co-owners.
- Withdrawals will be subject to the methods we approve and any time restrictions that applicable law may provide.
- You must maintain any minimum balances applicable to the type of account in which your money is held.
- You agree to be bound by all terms, conditions, requirements and fees/service charges that the Credit Union may establish—we will notify you with appropriate schedules of terms and fees.
- You will send us written notice if you wish to cancel any account or applicable agreement with the Credit Union, but no cancellation will affect any transactions previously made or currently in process.
- We do not have to pay checks more than six months old.
- We do not have to pay a check which exceeds the balance in your checking account, but we may do so, and you agree that you will pay the applicable service charge plus the overdraft amount.
- Deposits of any items other than cash may be subject to holds before the funds are available for withdrawal.
- There may be limits on the amount of cash you may withdraw; we may require you to accept an official check for large withdrawals.
- You will review your statement and make any objections within 20 days of the date it is postmarked OR is available online for your review, and you waive any objections after that time.
- If you or any co-owner owes the Credit Union and has not made agreed payments, we may charge that amount (also known as a setoff) against any other account on which the obligated person's name appears as an owner or co-owner.

**Special rules for Social Security Deposits and other exempt deposits.** Social Security benefits are protected from assignment, judicial levy, and setoff unless and except to the extent that you knowingly consent to allow charges against the deposits. If you have Social Security or other government deposits in your SFCU accounts that could be claimed as exempt, you are agreeing to allow us: to pay checks or honor other payment instructions; to charge any fees you owe against your account balance; to setoff any other payments or indebtedness that you owe. This authorization for charges against your accounts is limited to the dealings between you (including joint owners) and SFCU.

### How Do You Want Your Checks Printed?

Name (1) \_\_\_\_\_

Name(2) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Additional information. Complete only if desired on checks:*

Phone #: (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

SS# \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

SS# \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### For Credit Union Use Only

Date \_\_\_\_\_ Init. \_\_\_\_\_

Date \_\_\_\_\_ Init. \_\_\_\_\_

Approv.# \_\_\_\_\_ Code # \_\_\_\_\_

Approv.# \_\_\_\_\_ Code # \_\_\_\_\_

Gold Crown Checks No Charge	Welcome Pack No Charge	Silver Money Market Checks	Number of Cks	Cover	Style Code	Starting #	Date Ordered
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