

Share Draft Checking Account Application for NSLIJHS FCU

Please Print

| | | | | |
|------------------------|--|---|--------------------------------|--|
| PRIMARY OWNER COMPLETE | YOUR SHARE ACCOUNT NUMBER | LAST NAME | FIRST NAME | MIDDLE INITIAL |
| | COMPLETE ADDRESS | IMPORTANT: DO YOU WANT YOUR ADDRESS PRINTED ON YOUR CHECKS? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | EMPLOYER | DEPT OR OCCUPATION | SOC SEC # OR TAX IDENT # | |
| | DATE OF BIRTH | MOTHER'S MAIDEN NAME | TELEPHONE NUMBER - HOME | TELEPHONE NUMBER - WORK |
| JOINT OWNER COMPLETE | YOUR SHARE ACCOUNT NUMBER | LAST NAME | FIRST NAME | MIDDLE INITIAL |
| | COMPLETE ADDRESS | (IF DIFFERENT FROM ABOVE) | | SOC SEC # OR TAX IDENT # |
| | EMPLOYER | DEPT OR OCCUPATION | RELATIONSHIP TO OWNER | |
| | DATE OF BIRTH | MOTHER'S MAIDEN NAME | TELEPHONE NUMBER - HOME | TELEPHONE NUMBER - WORK |
| SIGN HERE | I HAVE READ THE STANDARD DISCLOSURE STATEMENT AND I HEREBY SUBSCRIBE TO THE TERMS OF CHECKING ACCOUNT. | | | |
| | PRIMARY MEMBER SIGNATURE | DATE | JOINT ACCOUNT MEMBER SIGNATURE | DATE |

Please initial the option you prefer:

If I/we write checks for amounts in excess of the balances in my/our account, I/we authorize you to cover the overdraft by:

- 1. Transferring funds from my/our regular share account
- 2. Transferring funds from my/our Line of Credit
- 3. Transferring funds from my/our Line of Credit, then my/our regular share account
- 4. Transferring funds from my/our regular share account then my/our Line of Credit
- 5. Transferring of funds not permitted

Social Security No. _____ Signature(s) _____

Account No. _____

Date _____, 20 _____

Please print, complete and return APPLICATION to the Credit Union along with copy of Driver's license and hospital I.D. or mail to: (if mailing, signature must be notarized)

North Shore LIJ Health System Federal Credit Union
300 Community Drive • Manhasset, New York 11030