Judd's Federal Credit Union Checking Account Agreement

The undersigned authorize(s) Judd's Federal Credit Union to establish a special account for the undersigned to be known as a Checking Account, and understand(s) and agree(s) with the Credit Union and with each other if more than one signature is signed below that:

1. Subject to the terms hereof, which the Credit Union may supplement and amend from time to time, and subject to the Credit Union's bylaws and applicable State and Federal laws, rules and regulations, all sums now or hereafter paid to this account and all accumulations thereon may be withdrawn by checks signed by any of them, whether others of them are living or dead.
2. Only checks supplied by the Credit Union and other methods approved by it may be used to withdraw funds from this account. The Credit Union is under no obligation to pay a check on which the date is more than six (6) months old or which exceeds the balance in this account and shall not be liable for failure to pay a check unless such failure is solely due to its negligence.
3. If a check is written for funds in excess of the balance of this account, the Credit Union is authorized to treat the check as a request for the withdrawal of funds from any other savings account maintained by any of the undersigned, and to pay the check and charge such other account with the amount of the excess. Plus applicable fees.
4. Any objection regarding an item shown on a quarterly statement of this account shall be waived unless made in writing to the Credit Union on or before the thirtieth day following the day the statement is mailed.
5. This account will be subject to service charges in accordance with the rate schedules adopted by the Credit Union from time to time; all non-cash payments into this account will be credited subject to final payment.
6. The right of the Credit Union to permit the withdrawal of funds from this account, in accordance with the terms hereof, may be terminated only by its receipt of written notice from any of the undersigned that withdrawals shall not be permitted; but notice shall not affect withdrawal theretofore made.
7. I/we have read and agree to the terms and conditions of this agreement. Judd's FCU has the right to refuse applicant(s) in accordance with the Credit Union's policies and approval processes.

Applicant(s) Information

_____ _____ _____

Last Name, First Name , Middle Initial Date of Birth Social Security #

_____

Street Address City State Zip Code

Home Phone (____) _____ _____ Work Phone (____) _____ _____ Driver's Lic. #/State _____

Joint Owner Information**:**_____

Print Name Social Security # Date of Birth

Checking account type (check one): ◯ Individual ◯ Joint with survivorship ◯ Joint without survivorship

X_____ __/__/_____X_____ __/__/_____

Primary Member Sign Above Date Optional Joint Member Sign Above Date

Account Number: 77000_ _ _ _ Check Start Number: (at least 101) _____Member Initials_____

Other information to be printed on checks_____