

NEW DATE:

Member Services Request

MEMBER NO:

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 when opening a new 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.

|  |  |  |
| --- | --- | --- |
| MEMBER/OWNER INFORMATION | | |
| Member/Owner Name: | SSN/TIN: | |
| Mailing Address: | ID Type: | |
| City/State/Zip: | ID Number: | |
| Physical Address: | ID Issuing State: | ID Issuing Date: |
| City/State/Zip: | ID Exp. Date: | Date of Birth: |
| Home Phone: | E-Mail: | |
| Cell Phone: | Work Phone: | |
| Employer: | Occupation/Title: | |

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

ACCOUNT OWNERSHIP

# Designate the ownership of the accounts and responsibility for the services requested.

# Individual Joint Account with Rights of Survivorship

JOINT OWNER/AUTHORIZED SIGNER INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name #1: |  | SSN/TIN: |  |  |  |
| Mailing Address: |  | ID Type: |  |  |  |
| City/State/Zip: |  | ID Number: |  |  |  |
| Physical Address: |  | ID Issuing State: |  | ID Issuing Date: |  |
| City/State/Zip: |  | ID Exp. Date: |  | Date of Birth: |  |
| Home Phone: |  | E-Mail: |  |  |  |
| Cell Phone: |  | Work Phone: |  |  |  |
| Employer: |  | Occupation/Title: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name #2: |  | SSN/TIN: |  |  |  |
| Mailing Address: |  | ID Type: |  |  |  |
| City/State/Zip: |  | ID Number: |  |  |  |
| Physical Address: |  | ID Issuing State: |  | ID Issuing Date: |  |
| City/State/Zip: |  | ID Exp. Date: |  | Date of Birth: |  |
| Home Phone: |  | E-Mail: |  |  |  |
| Cell Phone: |  | Work Phone: |  |  |  |
| Employer: |  | Occupation/Title: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name #3: |  | SSN/TIN: |  |  |  |
| Mailing Address: |  | ID Type: |  |  |  |
| City/State/Zip: |  | ID Number: |  |  |  |
| Physical Address: |  | ID Issuing State: |  | ID Issuing Date: |  |
| City/State/Zip: |  | ID Exp. Date: |  | Date of Birth: |  |
| Home Phone: |  | E-Mail: |  |  |  |
| Cell Phone: |  | Work Phone: |  |  |  |
| Employer: |  | Occupation/Title: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name #4: |  | SSN/TIN: |  |  |  |
| Mailing Address: |  | ID Type: |  |  |  |
| City/State/Zip: |  | ID Number: |  |  |  |
| Physical Address: |  | ID Issuing State: |  | ID Issuing Date: |  |
| City/State/Zip: |  | ID Exp. Date: |  | Date of Birth: |  |
| Home Phone: |  | E-Mail: |  |  |  |
| Cell Phone: |  | Work Phone: |  |  |  |
| Employer: |  | Occupation/Title: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name #5: |  | SSN/TIN: |  |  |  |
| Mailing Address: |  | ID Type: |  |  |  |
| City/State/Zip: |  | ID Number: |  |  |  |
| Physical Address: |  | ID Issuing State: |  | ID Issuing Date: |  |
| City/State/Zip: |  | ID Exp. Date: |  | Date of Birth: |  |
| Home Phone: |  | E-Mail: |  |  |  |
| Cell Phone: |  | Work Phone: |  |  |  |
| Employer: |  | Occupation/Title: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name #6: |  | SSN/TIN: |  |  |  |
| Mailing Address: |  | ID Type: |  |  |  |
| City/State/Zip: |  | ID Number: |  |  |  |
| Physical Address: |  | ID Issuing State: |  | ID Issuing Date: |  |
| City/State/Zip: |  | ID Exp. Date: |  | Date of Birth: |  |
| Home Phone: |  | E-Mail: |  |  |  |
| Cell Phone: |  | Work Phone: |  |  |  |
| Employer: |  | Occupation/Title: |  |  |  |

ACCOUNT TYPES

|  |  |
| --- | --- |
| Share Savings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Money Market:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Club Savings:\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | High Rate Savings:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Checking:\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Deposit Account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Certificate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Deposit Account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Certificate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Deposit Account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

SERVICES

Overdraft Protection Indicate transfer priority Update

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CUSTODIAL DESIGNATION AND INFORMATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (as custodian for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (minor) under the Wisconsin Uniform Transfers to Minors Act

UTMA DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Wisconsin Uniform Transfer to Minors Act, I designate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal

Witness

X

Date

Signature of Custodian

Date

X

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 (or I am waiting for a number to be issued), and
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

1. I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).
2. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) Exemption from FATCA reporting code (if any)

AUTHORIZATION

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Joint Owner/Authorized Signer Date

X Joint0w$ign1 Joint0w$date1

Member/Owner Date

X member$ign member$date

Joint Owner/Authorized Signer Date

X Joint0w$ign3 Joint0w$date3

Joint Owner/Authorized Signer Date

X Joint0w$ign2 Joint0w$date2

Joint Owner/Authorized Signer Date

X Joint0w$ign5 Joint0w$date5

Joint Owner/Authorized Signer Date

X Joint0w$ign4 Joint0w$date4

Joint Owner/Authorized Signer Date

X Joint0w$ign6 Joint0w$date6

Date of Membership: \_\_\_\_\_\_\_\_\_Opened/Approved By: \_\_\_\_\_\_\_\_\_\_\_\_Membership Eligibility: \_\_\_\_\_\_\_\_\_\_\_

Member Verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verification List(s) Checked:  OFAC  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Verification Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reports Checked:  Credit Report  Check Verification Report  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overdraft Protection Opt-in Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR CREDIT UNION USE ONLY**



**Direct Deposit & Account Verification**

**Routing / Transit Number: 291881216**

NOTE: This form replaces a Deposit Slip or Voided Check.

|  |
| --- |
| Full Name: |
| Dollar Amount Allocated to Altra: |
| Savings: |
| Checking: |
| Member Signature: member$ign |
| Altra Employee Signature (Optional): |

|  |
| --- |
| RETAIL ACCOUNT  CHANGE FORM |
| **SUBSEQUENT ACTIONS** |
| **I/We authorize the Credit Union to make and accept the following changes to my/our accounts:**  **TYPE OF CHANGE (Please indicate the type of change and complete only the information that affects the change.)** |
| **OWNERSHIP INFORMATION CHANGES** |

|  |  |  |
| --- | --- | --- |
| Member/Owner Name: | | Member No: |
| New Name If Changed: | | SSN/TIN: |
| Mailing Address: | | Driver's Lic. No: |
| City/State/Zip: | | Driver's Lic Issue Date: |
| Home Phone: | Cell Phone: | Driver's Lic Exp Date: |
| Work Phone: | | Date of Birth: |
| Employer: | | E-mail: |
| Occupation: | |  |
| **Joint Owner:** If required by the Credit Union, removal of a joint account owner requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth in the "ACCOUNT TYPE" section. This relinquishment does not affect my/our obligation on any loan accounts. | | |

|  |  |  |
| --- | --- | --- |
| Add  Remove  Joint Owner: | | SSN/TIN |
| New Name if Changed: | | Driver’s Lic No: |
| Mailing Address: | | Date of Birth: |
| City/State/Zip: | | Driver’s Lic Isuue Date: |
| Home Phone: | Cell Phone: | Driver’s Lic Exp Date: |
| Work Phone: | | E-mail: |
| Employer: | | Occupation: |

|  |  |  |
| --- | --- | --- |
| Add  Remove  Joint Owner: | | SSN/TIN |
| New Name if Changed: | | Driver’s Lic No: |
| Mailing Address: | | Date of Birth: |
| City/State/Zip: | | Driver’s Lic Isuue Date: |
| Home Phone: | Cell Phone: | Driver’s Lic Exp Date: |
| Work Phone: | | E-mail: |
| Employer: | | Occupation: |
|  | |  |
|  | |  |
| Add  Remove  Joint Owner: | | SSN/TIN |
| New Name if Changed: | | Driver’s Lic No: |
| Mailing Address: | | Date of Birth: |
| City/State/Zip: | | Driver’s Lic Isuue Date: |
| Home Phone: | Cell Phone: | Driver’s Lic Exp Date: |
| Work Phone: | | E-mail: |
| Employer: | | Occupation: |
|  | |  |
|  | |  |
| Add  Remove  Joint Owner: | | SSN/TIN |
| New Name if Changed: | | Driver’s Lic No: |
| Mailing Address: | | Date of Birth: |
| City/State/Zip: | | Driver’s Lic Isuue Date: |
| Home Phone: | Cell Phone: | Driver’s Lic Exp Date: |
| Work Phone: | | E-mail: |
| Employer: | | Occupation: |

|  |  |  |
| --- | --- | --- |
| Add  Remove  Joint Owner: | | SSN/TIN |
| New Name if Changed: | | Driver’s Lic No: |
| Mailing Address: | | Date of Birth: |
| City/State/Zip: | | Driver’s Lic Isuue Date: |
| Home Phone: | Cell Phone: | Driver’s Lic Exp Date: |
| Work Phone: | | E-mail: |
| Employer: | | Occupation: |
|  | |  |
|  | |  |
| Add  Remove  Joint Owner: | | SSN/TIN |
| New Name if Changed: | | Driver’s Lic No: |
| Mailing Address: | | Date of Birth: |
| City/State/Zip: | | Driver’s Lic Isuue Date: |
| Home Phone: | Cell Phone: | Driver’s Lic Exp Date: |
| Work Phone: | | E-mail: |
| Employer: | | Occupation: |
|  | |  |
|  | |  |
|  | |  |
|  | |  |

|  |  |
| --- | --- |
| ACCOUNT(S) TO CHANGE OR ADD | |
| Share Savings: | Money Market: |
| Club Savings: | High Rate Savings: |
| Checking: | Deposit Account: |
| Certificate: | Deposit Account: |
| Certificate: | Deposit Account: |
| AUTHORIZATION | |
| I/We agree that the changes on this Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested above. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Member/Owner | Date |  | Joint Owner/Authorized Signer | Date | | X member$ign | member$date |  | X Joint0w$ign1 | Joint0w$date1 | | Joint Owner/Authorized Signer | Date |  | Joint Owner/Authorized Signer | Date | | X Joint0w$ign2 | Joint0w$date2 |  | X Joint0w$ign3 | Joint0w$date3 | |  |  |  |  |  | | Joint Owner/Authorized Signer | Date |  | Joint Owner/Authorized Signer | Date | | X Joint0w$ign4 | Joint0w$date4 |  | X Joint0w$ign5 | Joint0w$date5 | |  |  |  |  |  | | Joint Owner/Authorized Signer | Date |  |  |  | | X Joint0w$ign6 | Joint0w$date6 |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | FOR CREDIT UNION USE ONLY | | |  | | | Employee Info: | |  | |  | | Comments: |  | | |  | |  | | | |  | | |

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**Beneficiary Designation**

**PAYMENT ON DEATH AGREEMENT - JOINT OWNERS SUPERSEDE BENEFICIARIES; DO NOT LIST**

**OPTIONAL BENEFICIARY INFORMATION (of beneficiaries listed above)**

BENEFICIARY / POD PAYEE(S)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME/RELATIONSHIP | |  | |  | | NAME/RELATIONSHIP | | |  | |
| SOCIAL SECURITY NUMBER | | |  |  | | SOCIAL SECURITY NUMBER | | | |  |
| DATE OF BIRTH |  | | | |  | | DATE OF BIRTH |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME/RELATIONSHIP | |  | |  | | NAME/RELATIONSHIP | | |  | |
| SOCIAL SECURITY NUMBER | | |  |  | | SOCIAL SECURITY NUMBER | | | |  |
| DATE OF BIRTH |  | | | |  | | DATE OF BIRTH |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME/RELATIONSHIP | |  | |  | | NAME/RELATIONSHIP | | |  | |
| SOCIAL SECURITY NUMBER | | |  |  | | SOCIAL SECURITY NUMBER | | | |  |
| DATE OF BIRTH |  | | | |  | | DATE OF BIRTH |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME/RELATIONSHIP | |  | |  | | NAME/RELATIONSHIP | | |  | |
| SOCIAL SECURITY NUMBER | | |  |  | | SOCIAL SECURITY NUMBER | | | |  |
| DATE OF BIRTH |  | | | |  | | DATE OF BIRTH |  | | | |

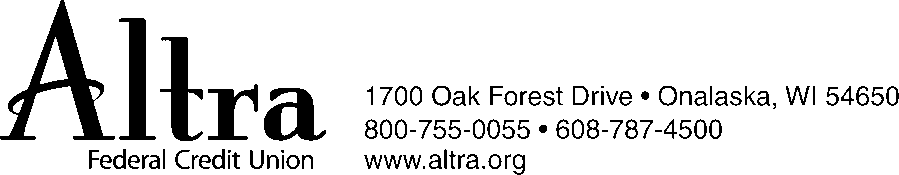
By signing below, I/we authorize and direct Altra to pay, upon my/our deaths, any and all amounts then credited to the Account specified to the beneficiary(ies) listed above. (**If more than one beneficiary is named, those living upon my/our deaths shall equally share the proceeds of this Account(s).** Upon the death of all account owners, ownership passes to the P.O.D. beneficiary(ies) listed above. Provided, however, that such payment shall be subject to the bylaws and amendments thereto of Altra, any restrictions or limitations imposed by applicable law, and any right which Altra may have to apply amounts now or hereafter credited to such Account(s) to the payment of any indebtedness which we now have or may then have to Altra. This account is not a marital account.

**MEMBER AUTHORIZATION**

Altra Member Number Signature ***(to be notarized if mailing in this form)*** Date DNA User #

COMMENTS:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NOTARY PUBLIC** | | | State of |  | County of |  | *In witness whereof, I hearunto set my hand and seal:* |
| This instrument was acknowledged before me on: *(date)* | | | | |  | |
| by (parties to account) | |  | | | | |
| My commission expires | |  | | | | |
| Signature |  | | | | | |
|  | | | | | | |
| F-229-102219\_DWH | | | | | | | |

 OVERDRAFT SERVICES CONSENT

# ATM and One-Time Debit Card Transactions

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 we pay 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 a share/savings account or overdraft line-of-credit, which may be 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:

Share drafts/checks, and other transactions made using your checking account Automatic bill payments

ACH transactions

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

ATM transactions

One-time debit card transactions

We 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 the Credit Union pays my overdraft?

Under our standard overdraft practices:

We will charge you a fee of $ each time we pay an ATM or debit card transaction overdraft.

There is no limit on the total fees we can charge you for overdrawing your account.

# What if I want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions?

If you want us to authorize and pay overdrafts on ATM and one-time debit card transactions, complete the section below and mail it to: **Altra Federal Credit Union**

CREDIT UNION NAME

or call .

CREDIT UNION ADDRESS TELEPHONE NUMBER

If there are multiple owners on the ATM and/or debit card account, either account owner can act on behalf of all owners on this account. Only one (1) account owner signature is needed to add or remove the overdraft coverage.

|  |  |  |
| --- | --- | --- |
| ADD COVERAGE |  | I want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions. I understand I will be charged fees as listed above. I have the right to revoke this coverage at any time by contacting the Credit Union in writing or by phone. |
| REMOVE COVERAGE |  | I do not want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions. |

X member$ign member$date

MEMBER/OWNER SIGNATURE DATE

Printed Name: Account Number:

|  |  |  |
| --- | --- | --- |
| CREDIT UNION CONSENT CONFIRMATION | | |
| Signature of Credit Union Employee:  X Cu0w$ign | Effective Date: | Coverage added  Coverage removed |

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