

ELECTRONIC SERVICES APPLICATION

For Office Use Only: Member Name: _____ Account # _____
Joint Owner Name: _____ Date Application Received: _____ Employee Initials: _____

I / We request the following services (please mark):

Checking Account

ATM Card New Card Replacement Card Joint Owner Card
Primary Owner Card Style # _____ Joint Owner Card Style # _____

Debit / ATM Card New Card Replacement Card Joint Owner Card
Primary Owner Card Style # _____ Joint Owner Card Style # _____

Audio Response PIN# _____

Virtual Branch / Home Banking Additional Home Banking Accounts (Must be Joint Owner):
Account #: _____ Account #: _____
Account #: _____ Account #: _____

Bill Payment

Choose one or two accounts to pay bills from: 75 76 79 70

You desire to subscribe and authorize Space City Credit Union, or a third party acting on our behalf, to serve as your agent in processing payments to targeted merchants and/or transfers to and from targeted accounts pursuant to your payment and/or transfer instructions, and you authorize us to post such payment and/or transfer to your designated account(s). You understand that we may not make certain payments and/or transfers if sufficient funds are not available in your designated account. This authorization is in force until revoked by you or Space City Credit Union in writing and is subject to the Service Terms and Conditions as amended from time to time.

Overdraft Protection (to be completed if applying for a Checking Account only)

In the event that I write a check or use my Debit / ATM card which would result in my checking account to be overdrawn, and I have exercised one of the options for overdraft protection listed below, such check or Debit / ATM card transaction shall be deemed to be a request by me to Space City Credit Union to advance available funds in amounts sufficient to permit you to honor such checks or Debit / ATM card transactions.

Overdraft protection from savings is standard with your Checking Account and cannot be waived.

____ Initial here to apply for a Line of Credit

**Overdraft Protection pulls available funds from these options in the following order:
(1)Savings, (2)Line of Credit, (3)Courtesy Pay (see Overdraft Privilege form).**

If I have initialed to apply for a Line of Credit Loan with Space City Credit Union, I authorize the Credit Union to check my credit history for that purpose. If my application is approved the Credit Union may make loan advances from time to time, including loan advances to me to cover overdrafts occurring through writing checks or my use of the Debit / ATM Card (the Card). By my writing checks or use of the Card, I acknowledge receipt of, and agree to be bound by the provisions of the Line of Credit Loan Agreement and disclosures, which I will receive from the Credit Union prior to checks or the Card being issued to me. If I have an existing Line of Credit Loan, I expressly request that advances be made under my Line of Credit Loan for the purpose of curing overdrafts occurring through writing checks or my use of the Card.

If you opt-in to Courtesy Pay and sufficient funds are not available from the options chosen above, then such Check / Debit / ATM card / Bill Payment transaction(s) will be paid through Courtesy Pay and my account will be overdrawn up to a preset limit. I understand I will be charged a \$25 fee for each item that pays through Courtesy Pay. If sufficient funds are not available from Overdraft Protection / Line of Credit Loan / Courtesy Pay the item will be returned to payee due to insufficient funds and a charge will be made to my account in such amount as Space City Credit Union may from time to time establish. In the event that I write six or more insufficient checks or Debit / ATM card transactions within a 45-day period, my Checking Account may be subject to closure. The credit union must receive notification in writing if you wish to remove the Courtesy Pay option from your account.

Would you like to order checks for your Checking Account? Yes No

Everything I have stated in this application is correct to the best of my knowledge. Space City Credit Union is authorized to check my credit, employment history, obtain a credit report and to answer questions about my credit experience with them. Upon approval by the Credit Union to make the Debit / ATM Card services available to me, I agree not to disclose my Debit / ATM Card or home banking PIN Codes to anyone not authorized to sign or otherwise transact business on my account(s). I understand that this service can be cancelled if it has been determined that there has been unauthorized use of my account(s), or if I request that the service be cancelled. Space City Credit Union reserves the right to change the terms/conditions of this service and members will be notified of any such changes. Please refer to our Truth-in-Savings Disclosure for changes in connection with these Electronic Services. This Electronic Services Application supplements the Account Card. The credit union reserves the right to deny services to any person when deemed appropriate, especially when it concerns safeguarding member assets. TeleCheck, credit reports, and other methods may be utilized in making a determination on whether or not to provide services to members. **JOINT MEMBER MUST SIGN BELOW AND MUST BE A JOINT MEMBER ON THIS ACCOUNT.**

Member Signature _____ Date _____

Joint Signature _____ Date _____

ACKNOWLEDGEMENT OF RECEIPT

____ I have received the **Electronic Services Disclosure, Member Account Agreement, and Truth-in-Savings Disclosures** and acknowledge by initialing.