



CHECKING OVERDRAFT APPLICATION/AGREEMENT

Amount Requested _____

APPLICANT:

Name: _____

Social Security Number: _____

Address: _____

Account Number: _____

Date of Birth: _____

Employer: _____

CO-APPLICANT:

Name: _____

Social Security Number: _____

Address: _____

Account Number: _____

Date of Birth: _____

Employer: _____

To apply for overdraft protection for your checking account, please read the following statement and sign below:

CFCU may obtain a consumer credit report (credit history) from an independent consumer reporting agency in considering your application and in connection with review or renewal of the account applied for. Upon request, CFCU will supply the name and address of the independent consumer reporting agency providing such information. CFCU may also obtain credit information from other sources, and may exchange records regarding credit experience with consumer reporting agencies.

I/We affirm that all information supplied to CFCU by me/us is complete and true.

I/We affirm that I/We have received a copy of the Truth-in-Lending Disclosure and that I/We have fully read and understand all its terms and conditions.

Applicant's Signature _____ Date _____

Co-applicant's Signature _____ Date _____

NOTE: CFCU will notify you of the amount of overdraft protection that you have qualified for on your Checking Account.

Services Available at Canandaigua Federal Credit Union

In addition to providing professional and friendly service, your Credit Union offers a variety of time and money saving products.

- ▲ Savings
- ▲ Share Draft/Checking
- ▲ Master Money Debit Card
- ▲ Club Accounts
 - ▲ Christmas ▲ Vacation
 - ▲ Taxes & Insurance ▲ Summer Payroll Savings
- ▲ Online Banking
- ▲ Loans
 - ▲ Personal
 - ▲ Mortgages/Home Equity
 - ▲ Vehicle (New & Used)
 - ▲ Boats & Recreational Vehicles of all types
 - ▲ Home Improvement
 - ▲ Secured Share
- ▲ Education Loans
 - ▲ In House by Credit Union
 - ▲ Stafford & Plus
- ▲ Share Certificates of Deposit
- ▲ Precious Persons Program for ages 3-11
- ▲ Direct Deposit/Payroll Deduction
- ▲ Individual Retirement Accounts (IRA)
 - ▲ Regular ▲ Roth ▲ Education
- ▲ Discount Entertainment Tickets
- ▲ Notary Service
- ▲ Wire Transfer Service
- ▲ VISA Cards
- ▲ Money Orders & Travelers Checks
- ▲ Financial Counseling
- ▲ High School Financial Planning Program
- ▲ Insurance
 - ▲ Disability ▲ AD&D

Special Fees and Charges

- ▲ **Insufficient Funds (NFS) \$15.00** - if a check is presented for payment, but the funds are not available in either your checking, savings or line of credit account, we must return the check for insufficient funds
- ▲ **Stop Payment Fee \$10.00** - if you would like to place a stop payment on a check
- ▲ **Copy of Check \$3.00** - if you request a copy of an original check
- ▲ **Returned Deposits \$15.00** - if you deposit a check into any account drawn on another institution and it is returned for non-payment
- ▲ **Overdraft Transfer \$1.00** - if the Credit Union has to transfer funds from your savings or line of credit to cover a check
- ▲ **Statement Reproduction \$3.00** - if you request the Credit Union to reproduce a statement or account history other than the current cycle
- ▲ **Dormant Account \$5.00 per month** - Accounts with no activity for twelve (12) consecutive months may be charged a fee beginning with the thirteenth (13th) month.
- ▲ **Closing (involuntary) \$10.00** - if unused checks are not returned to the Credit Union
- ▲ **Check Printing Fees** - depend on the style of checks ordered

SHARE DRAFT CHECKING ACCOUNT INFORMATION



3210 Eastern Blvd.
Canandaigua, NY 14424
585.394.2436
Fax 585.394.2837
www.canandaiguafcu.com



Checking Account

As a member of Canandaigua Federal Credit Union, you may open a checking account that provides you 24 hour access to your funds. Simply complete the attached application and return it to the Credit Union.

MONEY SAVING FEATURES

With no per check, minimum balance or monthly service charges, your Credit Union checking account saves you money. Your first fifty (50) checks are complimentary.

EASY RECORDKEEPING WITH DUPLICATE CHECKS

Each time you write a check, you automatically create a copy for your records. You will also receive an itemized statement each month detailing the activity in your checking account. The back of the statement has a chart to help you reconcile your checkbook to your statement.

AUTOMATIC OVERDRAFT PROTECTION

You automatically receive Share Transfer Overdraft Protection on your Credit Union checking account. When checks presented against your checking account exceed the available balance, Share Transfer Overdraft Protection allows the Credit Union to transfer funds from your savings to your checking account in the exact amount needed to pay your checks. There is a \$1.00 fee per transfer. When you call the Credit Union to request a transfer, you will not be charged the fee.



You may also apply for an Overdraft Line of Credit. When checks are presented against your account that exceed the available balance, a transfer will be made from your credit line to your checking account in \$100.00 increments to pay your checks. You simply repay the balance of your line of credit in small monthly payments.

PAYROLL DEDUCTION AND DIRECT DEPOSIT

Save time and money with Direct Deposit or Payroll Deduction to your Credit Union accounts. With Direct Deposit, you may have recurring checks such as payroll, Social Security and pension deposited in full to your checking and/or savings accounts. Payroll Deduction allows you to designate a portion of your paycheck to be divided among various accounts.

24 HOUR ACCESS TO YOUR ACCOUNTS

Using your Credit Union Debit Card or www.canandaiguafcu.com, you have access to your Credit Union accounts 24 hours a day, seven days a week.

INSURANCE

Your funds are federally insured to at least \$100,000 and backed by the full faith and credit of the United States Government (NCUA).

SPECIAL FEES AND CHARGES

You may be required to pay some fees or charges based upon services you require. See reverse for details

ACCOUNT DISCLOSURE AND AGREEMENT

I/we hereby authorize CFCU to establish a checking account for me/us. The CFCU is authorized to pay checks signed by me or the joint owner and to charge all such payments against the shares in this account. It is further agreed:

1. Only checks (and other methods) approved by the CFCU may be used to make withdrawals from this account.

2. The CFCU is under no obligation to pay a check that exceeds the fully paid and collected share balance in this account. However, if the undersigned writes a check that would exceed such balance and result in this account being overdrawn, the Credit Union may:

- A. Line of Credit Overdraft Protection: If I/we have applied for and have been approved for, the CFCU may treat such checks as a request to CFCU for an advance (in multiples of \$100) from my/our line of credit sufficient to permit CFCU to pay such checks and credit the loan advance to this account: or
- B. Share Transfer Overdraft Protection: If none of the undersigned is eligible to receive a Line of Credit as provided above, CFCU may pay the check and transfer funds to this account in the amount of the resulting overdraft from any regular share account from which the undersigned is eligible to withdraw funds.
- C. Invoke its right of offset from any account to cover the delinquent amount.
- D. Charge a fee for each transfer.

CFCU is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with the Credit Union that all sums now paid on such checks, or heretofore or hereafter paid on checks by any or all said joint owners to their credit as such joint owners with all accumulations therein, are and shall be owned by them jointly with the right of survivorship, and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivors shall be valid and discharge CFCU from any liability for such payment. The right or authority of CFCU under this agreement shall not be changed or terminated by said owners, except by written notice to the Credit Union and shall not affect transactions previously made.



CHECKING ACCOUNT APPLICATION

Applicant's Name _____	
Address _____	
_____ Birthdate _____	
Social Security # _____	
Driver's License # _____	
Home Phone _____	
Business Phone _____	
E-mail _____	
Employer Name _____	
Employer Address _____	
_____ Years there _____	
Co-Applicant's Name _____	
Address _____	
_____ Birthdate _____	
Social Security # _____	
Driver's License # _____	
Home Phone _____	
Business Phone _____	
E-mail _____	
Employer Name _____	
Employer Address _____	
_____ Years there _____	

I/we have read and agree to the terms on the reverse side of this application. * Circle if you wish info. to appear on your checks.

Applicant's Signature _____	Date _____	
Co-applicant's Signature _____	Date _____	
STAFF ONLY	CHECKS ORDERED	BY