



Share Draft Account Agreement with Overdraft Transfer Clause Form

Instructions for using this form:

1. Type in the fields below and print, or print and write in each field
2. Bring in person or mail to: MedPro Federal Credit Union - 1174 Battles Ave. | Akron, OH 44314

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 who opens an 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.

I/We hereby authorize the **MedPro Federal Credit Union** to establish this Share Draft Account for me/us. The Credit Union is authorized to pay share drafts signed by me (or by any of us) and to charge all such payments against the shares in this Account.

AGREEMENT AND APPLICATION

Share Draft Account # _____

Name: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Date of Birth: _____ Driver's License# _____ Driver's License State _____

Name: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Date of Birth: _____ Driver's License# _____ Driver's License State _____

Overdrafts covered by transfer from:

Share account # _____

Share account # _____

Signature of Authorization _____

Email Address: _____ YES NO I would like to receive MedPro notifications

Nearest Relative Name: _____ **Address:** _____ **Phone:** _____



TIN CERIFICATION AND BACKUP WITHHOLDING INFOMRATION

Under penalties of perjury, I certify that : (1) The number shown on this form is my correct taxpayer identification number, 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** (3) I am a U.S. person (including a U.S. resident alien).

Signature _____ Date _____

Certification instructions: You must cross out 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

ADDITIONAL TERMS AND CONDITIONS JOINT SHARE ACCOUNT AGREEMENT

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

ACKNOWLEDGEMENT

By signing below, I/we acknowledge receipt of the Credit Union’s separate account disclosures (listed below) and agree to be bound by all of the terms and conditions of the disclosures and this application, and any amendments thereto, or to those contained in any membership agreement and disclosures provided to me/us at any time, which conditions contained there are fully incorporated herein. I/we certify that the information on this application is true and correct. I/we understand that this account is established subject to the laws of the State of Ohio. The Credit Union is authorized to make whatever inquiries it deems necessary of others concerning the information contained in the application, and to provide information arising out of my/our transactions with the Credit Union with consumer reporting agencies.

Applicants specifically consent that the Credit Union may report information concerning their account(s) services to others; and that we may provide the reasons should we determine you to be ineligible for any services to the other applicants. The Credit Union or its agent is authorized to investigate your creditworthiness, employment history, and to obtain a credit report and to answer questions about credit history to you.

You understand that any false or misleading statements in your application may cause any loan to be in default. You agree that this Application shall be the Credit Union’s Property whether or not this Credit Application is approved. By signing this application, you pledge your shares as defined by your loan agreement to secure payment of your obligation on this account.

- _____ Electronic Fund Transfers (EFT) Agreement _____ Truth in Savings Disclosure
- _____ Funds Availability Policy _____ Terms and Conditions of your Account
- _____ Other: _____

Signature of Owner Name _____ Date _____

Signature of Joint Name _____ Date _____