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CHECKING ACCOUNT APPLICATION Request for checking account, overdraft protection, box of checks, debit card and/or debit card round up. DATE: _____ ACCT#: ____ MEMBER NAME: ____ MEMBER NAME: I would like to open the following accounts and services: FREE CHECKING ACCOUNT BOX OF CHECKS (FIRST BOX IS FREE) Check Style: _____ Starting Check Number: _____ Name/Address/Other Info as it should appear on your checks: **OVERDRAFT PROTECTION - SAVINGS TO CHECKING TRANSFER** Automatically transfer money from my savings to my checking account should my checking account become overdrawn. **DEBIT CARD** -OR-**ATM CARD** (For use at ATMs and to pay for purchases) (For use at ATMs ONLY) Number of Cards: _____ Number of Cards: _____ Primary: Joint: Primary: Joint: ATM Limit: \$5.00 per day. POS (Point-of-Sale) Limit: \$5.000 per day. ATM Deposits: Unlimited Six (6) free ATM withdrawals per month. (\$1 each additional) Please note: The ATM owner may also charge you a fee. Find a surcharge-free MoneyPass ATM near you at https://www.moneypass.com/ DEBIT CARD ROUND UP - AUTOMATIC SAVINGS (FREE SERVICE) Save effortlessly with this FREE service added to your Debit Card. Purchases with your debit card are rounded up to the nearest dollar and the difference is transferred from your checking to your savings. Last 5-Digits of Card Number: _____ Transfer to SUFFIX: _____ PRIMARY MEMBER SIGNATURE: _____ DATE: _____ DATE: _____

JOINT MEMBER SIGNATURE: _____ DATE: _____