

St Thomas Credit Union

4230 Harding Rd. Suite 103 | Nashville, TN 37205 | Telephone: (615) 292-7828 | Fax: (615) 463-2741

Share Draft (Checking) Account Application

PLEASE PRINT LEGIBLY

ALL INFORMATION IS REQUIRED BEFORE A CHECKING ACCOUNT CAN BE OPENED

Step 1. Complete for checking OR E-Z Account **Checking Account** **E-Z Account**

(PRIMARY AND/OR INDIVIDUAL ACCOUNT)

NAME (First | Middle | Last): _____

BIRTH DATE: _____ SOC SEC#: _____ DRIVER'S LIC#: _____ STATE: _____

PHYSICAL HOME ADDRESS: _____

ALT. ADDRESS FOR MAILING: _____

(DOES NOT APPLY TO CHECK ORDERING OR VISA CHECK ORDERING)

CITY | STATE | ZIP: _____ HOW LONG? _____

LIST ALL STATES YOU'VE RESIDED IN FOR PAST 10 YEARS:

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMPLOYER: _____ EMPLOYED HOW LONG? _____

Date: _____

*** Primary Owner Signature**

(JOINT ACCOUNT)

NAME (First | Middle | Last): _____

BIRTH DATE: _____ SOC SEC#: _____ DRIVER'S LIC#: _____ STATE: _____

PHYSICAL HOME ADDRESS: _____

ALT. ADDRESS FOR MAILING: _____

(DOES NOT APPLY TO CHECK ORDERING OR VISA CHECK ORDERING)

CITY | STATE | ZIP: _____ HOW LONG? _____

LIST ALL STATES YOU'VE RESIDED IN FOR PAST 10 YEARS:

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMPLOYER: _____ EMPLOYED HOW LONG? _____

Date: _____

*** Joint Owner Signature**

DISCLOSURE INFORMATION!

** Signatures acknowledge acceptance of information disclosed in this brochure. * Signatures also acknowledge that the Terms and Conditions of STCU shall govern the retention or use of any product provided by STCU and any other terms and conditions provided from time to time. I authorize St. Thomas Hospital ECU to check my credit history, and obtain a credit report in connection with this account.*

Step 2. Check Order Form

If you are applying for STCU checking, please PRINT LEGIBLY the exact information you'd like to have imprinted on your checks (E-Z Accounts cannot apply for checks.):

Name

Physical Address

City | State | Zip

(You can have up to 5 lines for informational purposes.)

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FOR CREDIT UNION USE ONLY:

INITIALS: _____

MICR # 77892 _____ STARTER CHECK # _____

ORDER DATE: _____

To prevent Identity Theft, we do not recommend member's putting personal information on checks.

Step 3. Overdraft Protection Option

The credit union offers several overdraft protection programs. When funds are not available in your share draft (checking) account to pay an item, please select the order in which you want the credit union to pay the item(s).

Please write #1 by your first choice, #2 by your second choice, and #3 by your last choice.

_____ Share/Saving Account Transfer

_____ Line of Credit (Ask for an application if you wish to establish this Line of Credit to see if you qualify)

_____ Courtesy Pay (effective July 1, 2010, all new accounts must opt-in to activate this service)

For Credit Union Use Only:

- Please have member fill out a Change of Account Card (short form) if they are adding a Checking Account to their existing accounts. Update personal information as necessary, such as address, phone numbers, beneficiary, etc.