CONSUMERS FEDERAL CREDIT UNION **serving our membership since 1965**
425 Neptune Avenue, Brooklyn, NY 11224 www.consumersfcu.org
4177 Merrick Road, Massapequa, NY 11758
Phone (718)266-2204 Fax (718) 266-1976

CHECKING ACCOUNT APPLICATION & AGREEMENT

I/We hereby agree to the terms of this Checking Account Application and agreement and authorize the Credit Union to transfer any and all funds available in our account(s) to cover said checks and fees. Any member(s) signing this application thereby authorizes the Consumers Federal Credit Union ("Credit Union") to establish a Checking Account. The Credit Union is authorized to pay checks or any items presented, (i.e. ACH, electronic payments including home banking bill pay items, etc.) by any members who have signed this application and to charge all such payments against their account(s). It is further agreed that:

a) Only checks (and other methods) approved by the Credit Union may be used to make withdrawals from this account.
b) The Credit Union is under no obligation to pay a check that exceeds the fully paid, collected and available balance in this account(s). However, if any of the owners of this account writes a check that would exceed such balance and result in this account being overdrawn, the Credit Union is authorized to transfer any savings to this account in the amount of the resulting overdraw, plus deduct a service charge, from any other savings account from which any of the owners of this account have on deposit.
c) The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the check.
d) When paid, checks become the property of the Credit Union and will not be returned whether with periodic statement of this account or otherwise.
e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check.
f) Any objection respecting any item shown on a periodic statement of this account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.
g) This account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in its bylaws.
h) This account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.
i) If this agreement is signed by more than one person, the persons signing the Application shall be the joint owners of this account which, in that event, shall be subject to all the terms and conditions printed on this agreement.

Member Signature _____ Date _____ Joint Owner (if applicable) _____ Date _____

Do you wish to obtain an ATM/Debit Check Card linked to this checking account?

Member Yes ☐ No ☐

Joint Owner (if applicable) Yes ☐ No ☐

Do you wish to obtain Checks linked to this checking account?

Member Yes ☐ No ☐

Joint Owner (if applicable) Yes ☐ No ☐

PRINT NAME(S) AND ADDRESS AS YOU WANT THEM TO APPEAR ON THE CHECKS

Name		
Address		Phone No. (Optional)
City	State	Zip Code

Check Style or Code Name: _____

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Account Number: Approved by (Initials): Date:

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