

Share Account Application
NAPUS Federal Credit Union
 12 Herbert St / P O Box 148
 Alexandria, VA 22313-0148

Toll Free (800) 336-0284
 Fax (703) 683-1573
 E-mail cumail@napusfcu.org

Member Information

Name	
Social Security Number	
Account Number	
Work Phone	E-mail address

Account

Please select the account you would like to open

<input type="checkbox"/> Savings	<input type="checkbox"/> IRA Savings	Certificates
<input type="checkbox"/> Holiday Club	<input type="checkbox"/> Convention Club	<input type="checkbox"/> Share
<input type="checkbox"/> Money Market	<input type="checkbox"/> Golden Years Money Market	<input type="checkbox"/> Traditional IRA
<input type="checkbox"/> Checking with ATM/Debit Card	<input type="checkbox"/> Golden Years Checking with ATM/Debit Card	<input type="checkbox"/> Roth IRA
		Term _____

Joint Owner Designation

Single Party Joint Account with Survivorship Joint Account No Survivorship

Joint Owner

Name
Address
Social Security Number
Date of birth
Home Phone
Work Phone
Mother's Maiden Name

Joint Owner

Name
Address
Social Security Number
Date of birth
Home Phone
Work Phone
Mother's Maiden Name

Signatures

Joint Owner Signature	Date
Joint Owner Signature	Date
Member Signature	Date

Payable on Death Designation

Payee
Address
Payee
Address

Overdraft Protection for Checking, Overdraft Priority

To protect from overdrawing your checking account (bouncing checks) you have the option to authorize transfers from both your share savings account and open end line of credit. Please indicate from which account you prefer the transfers be taken.

In case of an overdraft on my checking account, I prefer the funds be transferred first from my:
Share Account, ID# _____ Loan Account, ID # _____

New Address

If your address has changed since your last account update, or you would like the statement for this account sent to an address other than the address we presently have on file, please complete the following:

- Address applies to all accounts Address applies to new account only
 Address also applies to my NAPUS FCU Visa statement

Street or PO Box
City
State
Zip
Home Phone
Work Phone
E-mail address

Authorization

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings Rate and Fee Schedule, Funds availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreement and disclosures applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provided, I/We agree to the terms and acknowledge receipt of the EFT agreement. I agree to allow NAPUS FCU to obtain a copy of my credit report for the purpose of establishing credit

Signatures

Joint Owner Signature	Date
Joint Owner Signature	Date
Member Signature	Date

For office use only

Updated by:	Date
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