



P.O. Box 14864 - Reading, PA 19612

# Additional Services Request

Account Number
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**USA PATRIOT ACT Section 326 - Customer Identification Program:** 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.

## Ownership Information

**Primary Owner**

**Name** \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Social Security Number/TIN \_\_\_\_\_

Mailing Address \_\_\_\_\_

DL/Gov't Issued ID \_\_\_\_\_

**Joint Owner**

**Name** \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Social Security Number/TIN \_\_\_\_\_

Mailing Address \_\_\_\_\_

DL/Gov't Issued ID \_\_\_\_\_

**Joint Owner**

**Name** \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Social Security Number/TIN \_\_\_\_\_

Mailing Address \_\_\_\_\_

DL/Gov't Issued ID \_\_\_\_\_

## Advantages Money Market Savings™

**Opening Deposit.** Minimum opening deposit is \$25. Please indicate how you will make your opening deposit:

- Deposit attached (check payable to UECU)
- Direct Deposit/Payroll Deduction (contact initiator/sender for requirements)
- Transfer of \$ \_\_\_\_\_
  - from UECU Account/ID # \_\_\_\_\_.
  - electronically from an account at another institution. (I have completed an ACH Authorization Agreement.)

**Overdraft Protection.** To select this service, please indicate, in order, the accounts to be accessed. Eligible accounts include Share Savings Account, Special Savings Account, *Advantages Money Market Savings™ Account*, Personal Lines of Credit, and/or Visa® *Power Card™* accounts.

	Type of Account	Existing Account Number	Share/Loan ID
1			
2			
3			

**Checks.** The names of all account owners will be printed on checks with the primary member's address. The first set of checks is FREE.

- No, I do not want checks.
- Please notify me by email when my checks are shipped.

**Card Access.** UECU's Quick Cash Card allows you to withdraw money from ATMs and make PIN-based purchases.

- Yes, I want a Quick Cash Card for the primary account owner.
- Yes, I want a Quick Cash Card for a joint account owner.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Each cardholder will be able to select their Personal Identification Number (PIN) when calling to activate their new card..

## Advantages Certificate of Deposit™

### Type (select one):

- Certificate of Deposit
- IRA Certificate of Deposit
- Roth IRA Certificate of Deposit
- Coverdell ESA Certificate of Deposit

### Term (select one):

- 6 months
- 1 year
- 18 months
- 2 years
- 3 years
- 4 years
- 5 years

### Dividend Option. Apply monthly dividend to:

- Advantages Certificate of Deposit™ (required for any IRA or ESA Certificate)
- UECU Account/Share ID # \_\_\_\_\_

**Opening Deposit.** Minimum opening deposit is \$500. Please indicate how you will make your opening deposit:

- Deposit attached (check payable to UECU)
- Transfer of \$ \_\_\_\_\_
  - from UECU Account/Share ID # \_\_\_\_\_
  - electronically from an account at another institution. (I have completed an ACH Authorization Agreement.)

You may not make additional deposits to this account after it is opened. A penalty will be imposed for partial or full withdrawals prior to maturity. Certificates renew automatically.

\* You must complete a Custodial Application Packet to open an IRA or ESA Certificate.

## Checking

You must be at least 18 years of age for an individual account. If you are 13 – 17 years of age, a joint owner 18 years or older is required.

**Type.** Select one. Refer to UECU's Checking Account brochure for a description of each checking account option.

- Rewards Checking Account
- Rewards Checking PLUS Account
- Freedom Checking Account
- Green Light Checking™ Account

**Opening Deposit.** Minimum opening deposit is \$25. Please indicate how you will make your opening deposit:

- Deposit attached (check payable to UECU)
- Direct Deposit/Payroll Deduction (contact initiator/sender for requirements)
- Transfer of \$ \_\_\_\_\_
  - from UECU Account/Share ID # \_\_\_\_\_
  - electronically from an account at another institution. (I have completed an ACH Authorization Agreement.)

**Checks.** The names of all the account owners will be printed on checks with the primary member's address. The first set of checks is FREE.

- No, I do not want checks.

**Overdraft Protection.** To select this service, please indicate, in order, the accounts to be accessed. Eligible accounts include Share Savings Account, Special Savings Account, Advantages Money Market Savings™ Account, Personal Lines of Credit, and/or Visa® Power Card™ accounts. To use an account from another member number for Overdraft Protection, there must be at least one name in common on both accounts. If you wish to set up this service from a share account with no common owner, please contact us at 1-800-288-6423 so we can assist you.

	Type of Account	Existing Account Number	Share/Loan ID
1			
2			
3			

**Card Access.** If you select a Rewards Checking Account, a Rewards Checking PLUS Account or a Freedom Checking Account, our Advantages Visa® Debit Card™ will be issued. If you selected the Green Light Checking™, our Quick Cash Card will be issued. Both cards access your checking account for merchant transactions and can access your checking account and share savings account at most ATMs.

- Yes, I want an Advantages Visa Debit Card™ (or Quick Cash Card) for the primary account owner.
- Yes, I want an Advantages Visa Debit Card™ (or Quick Cash Card) for a joint account owner.

Name: \_\_\_\_\_

Each cardholder will be able to select their Personal Identification Number (PIN) when calling to activate their new card.

## Agreement and Signature(s)

- I/We certify the information provided is true and correct and authorize UECU to check my/our account, credit, employment history and/or to obtain consumer reports from third parties, including credit bureau reports, in order to determine my/our eligibility for Credit Union accounts and services. I/we understand that UECU may rely on information in this application, consumer and credit bureau reports to make its decision.
- By signing this application, I/we agree to the conditions stated in the Account Agreement and Disclosures, Rate and Fee Schedules, and Credit Union By-laws and Policies, and any amendments to these documents made from time to time which collectively govern my/our membership and accounts.

\_\_\_\_\_  
Primary Owner (please sign in ink) Date \_\_\_\_\_

\_\_\_\_\_  
Joint Owner (please sign in ink) Date \_\_\_\_\_

\_\_\_\_\_  
Joint Owner (please sign in ink) Date \_\_\_\_\_

UECU Use Only	
Verify Eligible	_____ Date _____
Entered	_____ Date _____
DS Verify	_____ Date _____
Card and PIN	_____ Date _____
Checks Ordered	_____ Date _____
MM Savings Account Number	_____
Checking Account Number	_____