Louisville Medical Center Federal Credit Union

234 East Gray Street, Suite 130 • Louisville, KY 40202-1907
(502) 629-3716 • Fax (502) 629-3715 • ItsEasy@LMedFCU.org

Share Draft (Checking) Agreement

WITH OVERDRAFT PROVISIONS

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SHARE DRAFT AGREEMENT WITH OVERDRAFT PROVISIONS

I/We hereby authorize the Louisville Medical Center Federal Credit Union to establish this Share Draft Account for me/us. The Credit Union is authorized to pay share drafts signed by me (or by any of us) and to charge all such payments against that shares in this account. It is further agreed that:

a. Only share draft blanks (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 share draft which exceeds the fully paid and collected share balance in this account. However, if any of the undersigned writes a share draft which would exceed such balance and result in the account being overdrawn, the Credit Union may:

   1. Pay the share draft and transfer shares to this account in the amount of the resulting overdraft from any other share account for which any of the undersigned is then eligible to withdraw share; or,
   2. If none of the undersigned has other shares available, the Credit Union may treat such overdraft as a request to the Credit Union for an advance (multiples of $100) from the "Line-of-Credit for Overdraft Protection" loan account which may be associated with the account, sufficient to pay such share draft and credit the loan advance to this account.

c. The Credit Union may pay a share draft on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the share draft.

d. When paid, share drafts become the property of the Credit Union and will not be returned either with the periodic statement or otherwise.

e. Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a share draft.

f. Any objection in respect to any item shown on a periodic statement of this account is waived unless made in writing to the Credit Union before the end of 15 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 below shall be joint owners of this account which, in that event, shall be subject to the additional terms and conditions printed on the reverse side hereof.

j. I/We acknowledge receipt of a copy of this agreement and agree to all its terms.

k. I understand a ChexSystem Consumer Report will be obtained before this account will be opened and if negative information is received you will notify me.

Signature(s):

Dated: _____20____

_____
Owner

_____
Share Draft Account Number

_____
Joint Owner

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CUSTOMER IDENTIFICATION PROGRAM

Important Information About Procedures for Opening a New Account

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 a new 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 ask to see your driver's license or other identifying documents.

ID PLEASE!

If you are submitting your application for membership other than in person at our office, please include a photo copy of your driver's license, passport, or other government issued photo ID.

Our Privacy Policy can be found at

LMedFCU.org

Louisville Medical Center Federal Credit Union

Share Draft Agreement Continued *(Page2)*

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SHARE DRAFT ACCOUNT APPLICATION AND INFORMATION

Share Draft Account #: _____

PRINT NAME (1): _____ SSN: _____

Employer: _____ Date of Birth: _____

PRINT NAME (2): _____ SSN: _____

Employer: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

HOME PHONE (1): _____ BUSINESS PHONE (1): _____ EXT: _____

HOME PHONE (2): _____ BUSINESS PHONE (2): _____ EXT: _____

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify (1) that the SSN (Social Security Number) shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

Signature: _____ ***Date:*** _____

(INSTRUCTIONS TO SIGNER: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee under-reporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 above.)

ADDITIONAL TERMS AND CONDITIONS (Joint Share Draft Agreement)

The Credit Union is hereby authorized to recognize any of the signatures subscribed on the reverse side hereof in the payment of funds or the transaction of any business for this Share Draft Account. The joint owners of the account hereby agree with each other and with the Credit Union that all sums now paid in on shares in this account, or heretofore or hereafter paid in on shares in this account by any or all of said joint owners to their credit as such joint owners, with all accumulations thereon, are subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors, or payment as provided on the reverse side hereof, shall be valid and discharge the Credit Union from any liability for such payment.

The right or authority of the Credit Union under this Share Draft Agreement shall not be changed or terminated by said owners, or any of them, except by written notice to the Credit Union and shall not affect transactions theretofore made.

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ChexSystems Notice

Thank you for your interest in opening a Share Draft (Checking) account with your Credit Union.

Our goal is to provide the best checking account available with no minimum balance, no monthly service charge and the lowest fees possible. In order to provide the best service to our members, applications for transaction accounts are now verified through ChexSystems, Inc., a consumer reporting agency. There is no cost to you for this service.

Should your ChexSystems report contain negative information, we will not be able to open this transaction account and you will receive a notice of this action, along with additional information about how you can obtain a free copy of your ChexSystems Consumer Report.

Thank you again for your interest in the Credit Union. Please feel free to contact us if you need additional information.

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