



# Money Management Checking Account Agreement

Account # \_\_\_\_\_

## Member/Account Owner

Last Name		First Name		Middle Initial	Suffix (Sr., Jr., III)
Account Title (If Different from above such as DBA, Estate of..., etc.)					SSN / ITIN / EIN
Street Address					Date of Birth
City	State	Zip	Occupation, Profession, or Business		Employee ID #
Mailing Address (If different)					
City				State	Zip
Identity Verification Method: <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> US Military ID <input type="checkbox"/> Other _____					Service Requested <input type="checkbox"/> ATM/Debit Card <input type="checkbox"/> Direct Deposit
Issued by: _____ Number: _____ Expiration: _____					
Home Phone	Work phone	Cell Phone	Email Address		Credit Check Approval

## Joint Owner or Other Authorized User

<input type="checkbox"/> Joint Owner <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <input type="checkbox"/> Other _____					
Last Name		First Name		Middle Initial	Suffix (Sr., Jr., III)
Member Number	SSN / ITIN / EIN	Date of Birth	Occupation, Profession, or Business	Employee ID #	
Street Address		City	State	Zip	
Identity Verification Method: <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> US Military ID <input type="checkbox"/> Other _____					Service Requested <input type="checkbox"/> ATM/Debit Card <input type="checkbox"/> Direct Deposit
Issued by: _____ Number: _____ Expiration: _____					
Home Phone	Work phone	Cell Phone	Email Address		Credit Check Approval

## Joint Owner or Other Authorized User

<input type="checkbox"/> Joint Owner <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <input type="checkbox"/> Other _____					
Last Name		First Name		Middle Initial	Suffix (Sr., Jr., III)
Member Number	SSN / ITIN / EIN	Date of Birth	Occupation, Profession, or Business	Employee ID #	
Street Address		City	State	Zip	
Identity Verification Method: <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> US Military ID <input type="checkbox"/> Other _____					Service Requested <input type="checkbox"/> ATM/Debit Card <input type="checkbox"/> Direct Deposit
Issued by: _____ Number: _____ Expiration: _____					
Home Phone	Work phone	Cell Phone	Email Address		Credit Check Approval

## Agreement Terms

I hereby authorize Curis Financial Credit Union (Credit Union) to establish an account for me known as a Money Management Checking Account (Checking) and acknowledge this agreement is made in addition to my Curis Financial CU Account Card/Membership Account and Services Application (Account Card), as amended. Each applicant, authorized user or other party signing below (together herein referred to as "applicant(s)") hereby makes application for the checking account and agrees to conform to the Bylaws, as amended, of Curis Financial CU. I certify the signature(s) on this agreement apply to this account; and all information provided on this agreement and the Account Card is true and correct.

I also acknowledge that I have received and agree to be bound by any terms and conditions in this agreement, the Account Card, the Membership Booklet and Truth-in-Savings Act Rate and Fee Schedule (Schedule) as amended from time to time. I acknowledge this agreement is incorporated therein by reference. I acknowledge that in the event of any inconsistency in the terms and requirements of the various documents, the Membership Booklet shall prevail. I consent that Curis Financial CU may undertake to verify my eligibility for this or any account(s) and service(s) now and in the future. In addition, I authorize Curis Financial CU to make inquiry to determine my employment history and to obtain information concerning any accounts with other institutions and my credit history, including any credit reports. I specifically consent that Curis Financial CU may report information concerning my account(s) services to others; and may provide the reasons should it be determined I am ineligible for any services or to be an authorized person/user to the other applicants. I acknowledge that all present and future deposits to this account secure payment of any account owner's obligations to Curis Financial CU. If any representative capacity is indicated, Curis Financial CU shall provide all statements, notices and other information only to the person designated as having authority (e.g., a "trustee"). The Credit Union is authorized to pay checks signed by me/us and to charge the payment against the checking account. I agree to the following:

- (a) Only checks and/or other methods approved by Curis Financial CU may be used to withdraw funds from this checking account.
- (b) Curis Financial CU is under no obligation to pay a check that exceeds the balance in the account. Curis Financial CU may however, deposit into the account that unused portion of a pre-approved overdraft line-of-credit loan, resulting in addition(s) to said loan but shall not exceed the pre-approved limit of said loan.
- (c) Curis Financial CU is under no obligation to pay a check that exceeds the balance in the checking account. Curis Financial CU may however, pay such a check and charge the amount of the resulting overdraft plus any service charge as disclosed in the Schedule against any other share account from which the person(s) who signed below is entitled to withdraw shares.
- (d) Curis Financial CU is under no obligation to pay a check on which the date is more than six months old.
- (e) Except for negligence, Curis Financial CU is not liable for any action it takes regarding the payment or non-payment of a check.
- (f) Any Curis Financial CU responsibility or liability respecting any item or transaction shown on a monthly statement of this checking account shall be waived, unless Curis Financial CU is notified in writing on or before the thirtieth day following the day the statement is mailed.
- (g) All non-cash payments received on shares in the checking account will be credited subject to final payment.
- (h) The checking account shall be subject to service charges in accordance with the Schedule as adopted by Curis Financial CU from time to time, for bounced checks, photocopies and stop payments.
- (i) The use of the checking account is subject to such other terms, conditions and requirements as Curis Financial CU may establish from time to time; and
- (j) If signed by more than one person, this agreement is subject to the additional terms and conditions of any joint share account agreement that applies to a share account in our joint names: or, if there is no such agreement this agreement is subject to the additional terms and conditions printed below.

Curis Financial CU is hereby authorized to recognize any of the signatures subscribed below hereof in the payment of funds or the transactions of my business for this account. The joint owners of this account hereby agree with each other and with Curis Financial CU that all sums now paid on shares, or heretofore or hereafter paid in on shares by any or all said joint owners to the credit as such joint owners with all accumulations thereon, are and shall be then jointly and equally with right of survivorship and be subject to the withdrawal(s) or receipt(s) of any of them and payment to any of them or the survivor or survivors shall be valid and discharge Curis Financial CU from any liability for such payment.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right or authority of Curis Financial CU under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to Curis Financial CU which shall not affect transactions theretofore made.

**Authorized Signatures**

By signing below, you acknowledge and agree to all terms, conditions, certifications and representations you made.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Signature Date Signature Date Signature Date

**Curis Financial Use Only**

OFAC Search(es) conducted/reconciled:  Member/Account Owner  Joint Owner #1  Joint Owner #2  Other \_\_\_\_\_

Comments: \_\_\_\_\_

Account Opened:  In Person  By Mail  Internet  Other: \_\_\_\_\_

The above applicant(s) membership, account, & services are  Approved  Denied  Pending Comment: \_\_\_\_\_

By: \_\_\_\_\_ (Membership Officer) Date: \_\_\_\_\_