

# Shuford Credit Union Checking Application

882 16<sup>th</sup> Street NE • Hickory • NC • 28601



**ALL fields required**

**I wish to open:**

**Select Checking**

**Superior Checking**

(\$4.95 per mo. fee)

**Account Number:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Co-Owner Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

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**Authorization Agreement of Terms and Signature:**

**In compliance with the USA Patriots Act and other applicable Federal Laws, I certify that the information provided in the application is true and correct and the authorization is hereby granted for Shuford Credit Union to determine its accuracy, verify my identity and establish membership eligibility.**

**I understand it is my responsibility to maintain a positive balance in my account and keep the account in good standing. IF there is any NSF (non-sufficient funds) or ODP (overdraft privilege) fees that occur, I am responsible to pay them as well as my negative balance within a 30day time frame. If I have chosen to have a checking account that incurs a monthly fee I am aware of that fee; and responsible for it.**

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner's Printed Name

\_\_\_\_\_  
Date