



St. Jules Credit Union

SHARE DRAFT (CHECKING) ACCOUNT/OVERDRAFT /VISA CHECK CARD APPLICATION

I am interested in:

- () Simple Share Draft (\$3.00 maintenance fee) () Share Draft Plus w/Debit Card (no fee) () Overdraft Protection

Applicant Name _____ DI # _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Work # _____ Cell # _____ Mother's Maiden Name _____

SS# _____ Employer _____ Position _____ Date Employed _____

Supervisor _____ Previous Employer _____ Married () Single () Separated()

E Mail Address _____

Co-Applicant Name _____ DI # _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Work # _____ Cell # _____ Mother's Maiden Name _____

SS # _____ Employer _____ Position _____ Supervisor _____

Date Employed _____ E-Mail Address _____

Relative not living with you Name _____ Ph# _____

Relationship _____ Address _____ City _____ State _____

I/WE HEREBY ASSUME RESPONSIBILITY FOR THIS ACCOUNT ACCORDING TO THE MEMBERSHIP CARDS & SECURITY AGREEMENTS. I/WE HEREBY AUTHORIZE ST JULES CREDIT UNION TO CHECK MY/OUR CREDIT HISTORY IN ORDER TO DETERMINE IF I/WE ARE ELIGIBLE TO RECEIVE THIS ACCOUNT AND/OR AN OVERDRAFT PROTECTION LOAN AND/OR A VISA CHECK CARD.

Authorized Signatures on this Account

Applicant's Signatures _____ Date _____

Co-Applicant's Signatures _____ Date _____

Guarantor's Signature _____ Date _____

SPECIAL INSTRUCTIONS/COMMENTS:

How would you prefer to be contacted?

- () Home Phone () Work Phone () Other Phone () Email Address () Other

*****FOR OFFICE USE ONLY*****

Account # _____ Date Opened _____ Application Fee _____

Type of checking account Simple Share Draft _____ Share Draft Plus _____ w/Overdraft Protection _____

Individual () Joint () Minor () Non Profit Organization ()

Check order code _____ Overdraft approval _____

Overdraft Limit A,B,C \$ 1,500.00 Overdraft Limit D \$ 500.00 Overdraft Limit E \$ 200.00

Tele Check Approval code _____