

ACCOUNT AGREEMENT

Member's Name _____ Member # _____ New Supersede

Accounts & Services

- Savings Account (required for membership) Secondary Savings Account
- Directional Checking Account Secondary Checking Account Savings Account Overdraft Protection
- Term Share Certificate: 6 Month 12 Month 24 Month 36 Month 48 Month 60 Month

Joint Signers

Joint Signer #1 Name _____ Social Security/TIN # _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____ Birth Date ____/____/____
 ID# _____ State Issued _____ Issue Date _____ Exp. Date _____ Mother's Maiden Name _____
 Physical Address (No PO Box) _____ City _____ State _____ ZIP _____
 Mailing Address (if different) _____ City _____ State _____ ZIP _____
 E-mail _____ Occupation/retired from _____

Joint Signer #2 Name _____ Social Security/TIN # _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____ Birth Date ____/____/____
 ID# _____ State Issued _____ Issue Date _____ Exp. Date _____ Mother's Maiden Name _____
 Physical Address (No PO Box) _____ City _____ State _____ ZIP _____
 Mailing Address (if different) _____ City _____ State _____ ZIP _____
 E-mail _____ Occupation/retired from _____

Agreement and Authorization, Terms and Conditions

- I/We request that Compass CCU open the account(s) or make the change(s) described above. I/We acknowledge receipt of Notice of Negative Information, Fee Schedule, and the "Important Account Information For Our Members," which includes the following disclosures: Privacy, Terms and Conditions, Electronic Funds Transfers, Funds Availability and Truth-in-Savings. These disclosures are incorporated herein by reference and by which this account is governed. I/We acknowledge and agree that all accounts at Compass CCU are subject to any and all rules, regulations, bylaws and policies of the Credit Union and its Board of Directors now in effect and as amended or adopted hereafter. Multiple signatures indicate this is a joint account with Right of Survivorship. I/We understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in this account or the fitness of the account or agreement for any particular purpose.
- Credit History. I/We authorize Compass CCU to check my/our credit and employment history, to obtain credit reports, and to answer questions about my/our credit experience with Compass CCU.
- ATM/Debit Card. If I/we have placed a check-mark in the box next to "ATM/Debit card" by our signature(s) below, I/we apply for and request Compass CCU issue the card. If a card is issued to me/us, by using the card, I/we acknowledge receipt of and agree to be bound by the Credit Union's Electronic Funds Transfer Agreement and Disclosures which govern the use of the card(s).
- Security Interest. I/We acknowledge and agree that, as condition for the issuance of a Compass CCU ATM/Debit card, I/we grant Compass CCU a security interest in the shares and deposits in all joint and single party accounts, as described in the **Terms and Conditions**, in which we have interest.
- Overdraft Protection. Subject to the provisions of the **Terms and Conditions**, if any action is taken with regard to my/our checking account results in the account becoming overdrawn, I/we authorize Compass CCU to make a transfer from my savings or line of credit (subject to application/approval).
- POD (Payable on Death). I/We agree that the person(s) named below is/are designated as POD payee(s). On the death of the last of us to survive, ownership of the account passes to the POD payee(s). I/We understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in the account, the validity of any POD designation, or the fitness of this account or agreement for any particular purpose.

Designation of Transfer on Death Beneficiary

Beneficiary #1: _____ Birth Date _____ E-mail _____ Phone (____) _____
 Address (No PO Box) _____ City _____ State _____ ZIP _____
 Beneficiary #2: _____ Birth Date _____ E-mail _____ Phone (____) _____
 Address (No PO Box) _____ City _____ State _____ ZIP _____

For additional Beneficiaries, complete another Account Agreement form.

Signatures

By signing below, the undersigned has applied for the accounts & services listed above with the credit union; agrees to its by-laws and the Terms and Conditions of any approved account, as amended from time to time; and authorizes the credit union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certifies that the information provided on this Application is true and correct, and that the terms on the Application apply to all accounts held by the undersigned at this credit union. By signing below, the undersigned acknowledges receipt of the named disclosures and the Terms and Conditions that apply to any approved account.

Directional Checking Account. If you select "Directional Checking" above, you acknowledge monthly direct deposit, enrollment in online banking with e-statements and a minimum of 10 debit card transactions (ATM transactions not included) are required. If all requirements are met, you will earn the corresponding APY listed on our website based on your average daily checking account balance. There is a Grace Period for the month in which you open your account. The requirements will not be enforced until the following month. Dividends are compounded monthly based on your average daily balance and correspond to the entire average daily balance. After the first month, if you do not meet the requirements, you will earn the Tier 1 APY. Visit Compassccu.org for current rates.

- Member _____ Date _____ Free ATM/Debit card
- Joint Signer #1 _____ Date _____ Free ATM/Debit card
- Joint Signer #2 _____ Date _____ Free ATM/Debit card

This area for credit union use only.	
Account Opened By _____ Date _____	<input type="checkbox"/> Disclosures <input type="checkbox"/> Fee Schedule
Verification By _____ Date _____	Joint #1 <input type="checkbox"/> ID/Address <input type="checkbox"/> OFAC Joint #2 <input type="checkbox"/> ID/Address <input type="checkbox"/> OFAC <input type="checkbox"/> Beneficiary #1 OFAC <input type="checkbox"/> Beneficiary #2 OFAC
Audit By _____ Date _____	4-2021