We're Here for You
USECU

CLEAR FORM

Additional Account Signature Card

ACCOUNT SIGNATURE CARD

Attached you will find the Additional Account Signature Card which will open a Share Draft (Checking), Vacation or Holiday Club, Sub Share (Savings), Preferred Share (Savings) or other Account. Please complete and sign the signature card in ink. Be sure all joint owners sign the card, if you select this option. Return your completed forms by email to **membership@usemployees.org**, mail, or drop off at any USECU office.

DIRECT DEPOSIT/PAYROLL DEDUCTION

USECU offers direct deposit of payroll, pension, social security, or VA benefit checks. You may have your entire check or a portion of your check directly deposited to any USECU account. Why not have your entire check deposited to your Checking Account? Then schedule automatic transfers to your savings and/or sub accounts.

VISA® DEBIT CARD

Access your account 24 hours a day, 7 days a week. USECU offers Debit Cards to members with Checking Accounts. The VISA Debit Card is accepted anywhere VISA is accepted.

USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an 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 will also ask to see your driver's license, state issued identification, or other identifying documents.

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ACCOUNT AGREEMENT

Member Number _____ Date _____

TYPE OF ACCOUNT: (check 1 box only)

◯ Preferred Share ◯ Share Draft (checking) ◯ Holiday Club ◯ Vacation Club
◯ Sub Share ◯ Other _____

Member Name _____

Street Address _____

City/State/Zip _____

Email Address _____

◯ Home Phone ◯ Cellular Phone _____ Work Phone _____

ACCOUNT OWNERSHIP: (check 1 box only)

◯ Individual ◯ Individual with Beneficiary ◯ Joint* ◯ Joint with Beneficiary*
◯ Organizational ◯ Other _____

*With right of survivorship

BENEFICIARY DESIGNATION:

Printed Name	Date of Birth	S/S Number	Relationship

☐ If checked, the undersigned agrees to the terms on a separate Account Disclosure (Understanding Your Account) form and acknowledges its receipt. Accounts opened via the mail will receive a disclosure within 10 days.

SIGNATURES:

X _____ Primary Owner/Member Signature — Social Security Number

Printed Name — Birth Date

X _____ Legal Owner/Member Signature — Social Security Number

Printed Name — Birth Date

X _____ Legal Owner/Member Signature — Social Security Number

Printed Name — Birth Date

LEGAL OWNER(S) MUST PROVIDE A VALID COPY OF THEIR GOVERNMENT ID AND SIGN ABOVE.

MSR Initials _____