

SOO LINE CREDIT UNION CHECKING APPLICATION

The Following Information Will Appear On Your Checks

Name: _____

Special Information (i.e. Household Account): _____

Driver's License # (s): _____

Please check this box if you would like your driver's license # to appear on your checks (optional)

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Please check this box if you would like your phone # to appear on your checks (optional)

Please indicate your choice of FREE Checking. . .

- | | |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Free | <input type="checkbox"/> Classic |
| <input type="checkbox"/> Value | <input type="checkbox"/> Y.E.S. Club |
| <input type="checkbox"/> Select | <input type="checkbox"/> Advantage |

Complete To Order Checks: Circle Quantity: 150 / 180

Check Style: _____ Starting Check #: _____

Type Style: _____ Monogram: _____

Accent #: _____ Cover Color: _____

FREE - 50 Starter Checks on new checking accounts - Emerald Elegance Check Style.

Please complete the information listed above on the right side for your first reorder. If you do not select another style your reorder will be Emerald Elegance. Your first reorder will be automatically placed 10 business days from account opening. If you do not wish to have a reorder placed automatically within 10 business days, please write NO after "Check Style". Don't forget to indicate your "Starting Check #".

If an Overdraft occurs: (Please circle how you want it handled)

- 1 Transfer from Savings (List Type: Share, Daily) _____
- 2 Line of Credit (Requires Loan Approval) _____
- 3 Transfer from Account # _____ (Share Savings, Daily Savings, Checking)

CERTIFICATION OF ACCOUNT INFORMATION

MN Stat. Ann. 48.512 requires the Credit Union to obtain the following information before opening a checking account.

1. Within the last twelve (12) months, have you had a checking, share draft, or other account subject to withdrawal by negotiable or transferable instrument?
Yes _____ No _____ If Yes, where? _____
2. Within the last twelve (12) months, has any financial institution involuntarily closed your checking, share draft, or other account subject to withdrawal by negotiable or transferable instrument?
Yes _____ No _____ If Yes, why? _____
3. Within the last twenty-four (24) months, have you been convicted of a criminal offense involving the use of a check or similar instrument?
Yes _____ No _____

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***By Signing This Application
You Authorize SLCU To Obtain A Credit Report.***

Account # _____ Date _____

Member Signature _____

Member Birthdate _____

Member Social Security # _____

Joint Signature _____

Joint Birthdate _____

Joint Social Security # _____

**FOR CREDIT UNION USE ONLY
CHEXSYSTEMS INFORMATION:**

Circle For Value Or Select Checking: New / Transfer

Checking Account #: _____

Approved/Declined By: _____

Order Taken By: _____

Date Ordered: _____

**Soo Line Credit Union
Overdraft Advance Disclosure
Effective: April 12, 2005**

SLCU's Overdraft Advance is a service offered to our members on their personal checking account. SLCU may honor overdrafts of individual checking accounts subject to certain conditions and limitations as set forth in this disclosure. SLCU may subtract an overdraft fee of \$35.00 for each overdraft honored upon presentment.

All members 18 years of age and older are eligible for Overdraft Advance as long as their account remains in good standing. Good standing is defined as making regular deposits and bringing their account to a positive balance at least once every 20 days; not having caused a loss to SLCU and not subject to any legal or administrative order or levy. Accounts must be in good standing to be eligible for the Overdraft Advance program. All existing checking accounts and /or accounts that have been opened for a minimum of 90 days may automatically be eligible for the Overdraft Advance program. Members are subject to a maximum overdraft limit, including overdraft fees, of \$400.00. Primary and/or joint owners may request and/or remove their account(s) from the Overdraft Advance program at any time. Primary and all other owners shall be jointly and completely responsible for the overdraft including the overdraft fee.

Overdraft Advance is a non-contractual agreement between SLCU and its members. SLCU has the right to discontinue the program or withdraw any checking account from the program based on poor performance of the account, or failure to cover the overdrafts. SLCU also has the right to limit participation to one account per household. SLCU has the option to either honor the overdraft or return the item for insufficient funds even though we may have previously paid overdrafts for the member. There is no interest charged on any overdraft or unpaid overdraft charge. There will be no late charges or other fees other than the overdraft charge. SLCU will notify you by mail of any overdraft paid or returned; however we have no obligation to notify you before we pay or return an item.

The following transactions will be covered under Overdraft Advance:

- Checks written and drawn on your account
- Checks and other debits cashed at a teller's window
- ACH debits and withdrawals
- ATM withdrawals and/or Point-of-Sale transactions
- Service or check charges
- Pre-authorized internal debits and/or credit card debits

Overdraft items will be posted in accordance with SLCU's existing checking procedures.

Members who currently have overdraft transfer protection from savings or overdraft loans will continue to have access to those services prior to accessing Overdraft Advance.

It is SLCU's policy to provide members with every opportunity for repayment.

Option to Waive Overdraft Advance Services:

Fax, bring or send this form to your nearest branch.

I do not wish to have Overdraft Advance services extended to me. By signing this form, I understand that SLCU will not cover overdrafts to my checking account through the Overdraft Advance service and that any item(s) presented against insufficient funds will be returned unpaid with applicable NON-SUFFICIENT FUNDS fees assessed. Additionally, I understand that if I wish to have Overdraft Advance services extended to me in the future, I must meet the eligibility requirements at that time.

Signature: _____ **Date:** _____

Name: _____ **Member Number:** _____