

# Soo Line Credit Union Checking Application

Please fill in the following blanks as you would like the information to appear on your checks:

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

Special Information, if needed (i.e. Household Account): \_\_\_\_\_

Driver's License # (s) - if desired: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # - if desired: \_\_\_\_\_

Please complete the following for your Check Order:

Circle Quantity: 150 / 180

Check Style: \_\_\_\_\_ Type Style: \_\_\_\_\_ Accent #: \_\_\_\_\_ Monogram: \_\_\_\_\_

Check Cover Color: \_\_\_\_\_ Starting Check #: \_\_\_\_\_  NO CHECKS PLEASE

Please indicate your choice of Checking Account:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> FREE Checking: Requires Direct Deposit (net check), E-Statements & an active SLCU Debit Card | <input type="checkbox"/> Value Checking: Requires \$500 daily balance                   | <input type="checkbox"/> Select Checking: Requires \$2,500 daily balance                                |
| <input type="checkbox"/> Basic Checking: \$2.00 monthly fee   | <input type="checkbox"/> Y.E.S. Checking for members ages 10 to 15 with parent as joint | <input type="checkbox"/> Advantage Checking for members ages 16 to 21 with parent as joint under age 16 |
| <input type="checkbox"/> Classic Checking: \$2.00 monthly fee for members age 62 and over                             |   |   |

## Debit Card

Rev. 12/20/11

When you open an SLCU Checking Account you are eligible for an SLCU Debit Card. Refer to the Electronic Fund Transfer Disclosure for more information on your Debit Card. Please check the appropriate boxes below:

- Debit Card - Account Owner  Debit Card - Jt. Owner (if applicable)

By signing this application you agree to the terms and conditions reflected in the application agreement that govern the use of SLCU Debit Cards.

Overdraft Advance:  Yes, I want to Opt-IN  No, I want to Opt-Out



Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government. The National Credit Union Administration, a United States Government Agency.

## Overdraft Coverage

If an Overdraft occurs, please circle the appropriate information below so we will know how to handle it.

1. Transfer from Share Savings    3. Transfer from **Line of Credit** (a loan application is located on the back for your convenience)  
2. Transfer from Daily Savings    4. 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.

- 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?: \_\_\_\_\_
- 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? \_\_\_\_\_
- 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 \_\_\_

Account Holder Information: (required)	Account #: _____	
Signature: _____	Date: _____	
Birthdate: _____	Social Security #: _____	
Home #: _____	Work #: _____	Cell #: _____
Joint Account Holder Information (if applicable)		
Jt. Signature: _____		
Jt. Birthdate: _____ Jt. Social Security #: _____		
Home #: _____ Work #: _____ Cell #: _____		

**SLCU** By Signing this Application You Authorize SLCU to Obtain a Credit Report.  
Contact Us: Toll-Free at or 877-634-0020

<b>FOR CREDIT UNION USE ONLY</b>	
Circle for Value or Select Checking: New / Transfer	
Checking Account #: _____	FM Done <input type="checkbox"/>
Approved / Denied (circle one) by: _____	
Order Taken by: _____	Date Ordered: _____

