

Application for Checking Services

from Baptist Hospital Credit Union

YES! Sign me up for the services checked below!

(I understand I must sign up for Checking to be eligible for the VISA CHECK Card/ATM.)

- Sharedraft/Checking Account
 VISA CHECKCard*/ATM

Name: _____

Soc. Sec. #: _____ Driver's License #: _____

Address: _____

Home Phone: _____ Work Phone: _____

Employment: _____

(Note: You must open your Checking Account with a deposit equal to the cost of your first check order.)

Personalized Printed Check Order:

(Please print or type. Checks will be printed as specified below.)

Name(s) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Driver's License # _____

Check Style Name: _____ Style Code: _____

Account Designation: (See Account Agreement for definition)

Select ONE by checking the appropriate box.

- Individual, sole owner (Complete line A & D, below)
 Joint with Right of Survivorship (Complete lines A & B)
 Joint Authorized Signatory Only (Complete lines A & C)

Only the person(s) whose signature(s) appear(s) below is/are authorized to use my Checking Account, VISA CHECKCard, Home Banking and BART. (Section D excluded.)

Your signature(s) acknowledge(s) the acceptance of the terms and conditions on the attached brochure.

A. _____
Your signature _____ Date _____

B. _____
Joint Owner's Signature _____ Driver's License # _____

C. _____
Additional Authorized Signatory _____ Soc. Sec. # _____

D. _____
Designated Beneficiary (please print full name) _____ Soc. Sec. # _____

Joint Account Revocation Name: _____

Joint owner Signature _____ Member's Signature _____ Date _____

Complete this application and drop it off at the Credit Union or mail it to:
Baptist Hospital Credit Union
2010 Church St., Suite 204
Nashville, TN 37203

* Overdraft Protection Required for VISA CHECKCard

Indicate what priority your accounts should be accessed (in the event of an overdraft) by writing "1" by your first choice, "2" by your second choice, and "3" by your third choice and so on.

- ___ Savings _____ Suffix
___ Savings _____ Suffix
___ Savings _____ Suffix
___ Savings _____ Suffix
___ Money Market Account
___ Line of Credit Loan**

** You must establish this Line of Credit. Ask for an application.

Please read before signing:

1. I understand this is NOT a credit card application.
2. I have answered the questions in this application fully and truthfully, and all the information provided is correct.
3. I understand that if approved, cards and agreements (if any) will be mailed to the address listed on my credit union account.
4. If this application is for a joint account, I understand each signer will be liable for the full amount on all withdrawals.
5. I authorize you to obtain information to check my records and the statements made in this application, and to continue to check my credit reputation from available sources from time to time.
6. By using VISA CHECKCard, applicant(s) shall be deemed to have agreed to and accepted the term and condition of the VISA CHECKCard and ATM Agreement, a copy of which will be mailed or given to applicant.
7. If I give my VISA CHECKCard and P.I.N. to someone who is unauthorized to use my account, I am responsible for those transactions.

Changing our Agreement: We can change the terms of this Agreement, including the charges relating to the use of the card at any time. If the law requires us to notify you in a certain way, we will do so.

Cancellation: The card is our property and can be cancelled at any time to end your privileges. Also, the closing of your designated checking account will automatically terminate your card privileges. (Note: Accounts cannot be closed until all transactions have been posted.) If your card is cancelled, please cut it in half for safety and return it to us immediately! Thank you. •