LifeWay CREDIT UNION

SHARE DRAFT ACCOUNT INFORMATION

Member Name: _____

Account Number: _____ MICR:_____

Please add the following services to my account:

☐ Debit Card ☐ Virtual Branch ☐ Overdraft Protection *Account:* _____

Check Order Information Number of Boxes: _____

Name(s) on check: _____

Address: _____ City:_____ State: _____

Zip Code _____ Phone Number: _____ DL #: _____

Debit Card Request

I have answered the questions in this application fully and truthfully, and all information provided is correct. I authorize you to obtain information, either thru credit bureau reporting or checking account reporting services, to validate my records and the statements made in this application. By using the MasterCard Debit Card, I and any other applicants on this account agree to and accepted the terms and conditions of the MasterCard Debit Card and ATM agreement, a copy of which will be given with card. I understand that if I were to give my PIN for this card to anyone else I am responsible for those transactions made on the account with the use of the PIN. Each signer will be liable for the full amount of withdrawals.

_____ _____

Member Signature Joint Owner Signature

Card #_____ Card #_____

Virtual Branch Authorization

You desire to subscribe to the Services and authorize Us, and any third party acting on Our behalf, to serve as Your agent in processing payments to targeted Merchants and/or transfers to and from targeted account(s) You understand that we may not make certain payments and/or transfers if sufficient funds are not available in Your designated account. The authorization is in force until revoked by You or Us in writing and is subject to the Service Terms and Conditions which will be furnished to you as amended from time to time.

☐ I would like to add Bill Pay to my Virtual Branch. I understand that if I do not use the bill pay at least once a month the service will be deleted from my account.

_____ _____

Email Address Mother's Maiden Name

_____ _____

Member Signature Joint Owner Signature

OFFICE USE ONLY

☐ Check Order: _____ on _____ ☐ Debit Card Order: _____ on _____ ☐ VB Set-Up: _____ on _____

Initials *Date* *Initials* *Date* *Initials* *Date*

Check Design Code: _____ Qualifile Passed or Approval by MGT ____ ☐ OFAC passed : _____