



Please fill out the following information, sign, and return to Tremont Credit Union through secure email, mail, fax 781-356-7302, or by dropping it off at a TCU branch.

Name _____
Please Select One of the Following: [] U.S. Citizen/Permanent Resident [] Other
SSN or TIN _____ Date of Birth _____
Physical Address _____
Email _____ Cell Phone _____
Home Phone _____ Work Phone _____
Employer _____ Occupation _____
Membership Eligibility _____
How did you hear about us? _____

Please select the type of Share Draft (Checking) Account that you would like:

- [] Basic Checking [] Student Checking
[] eGreen Checking

Please select the type of Overdraft Protection on your Share Draft (Checking) Account that you would like:

- [] NAT - NO automatic transfer of funds
[] SAT - Transfer funds from share account #1 to cover overdrafts
[] SAT - Transfer funds from my other share account # _____

SHARE DRAFT AGREEMENT

I/We authorize Tremont Credit Union (the Credit Union) to establish a checking account for me/us. The Credit Union is authorized to pay checks signed by me (or by any of us, if this agreement is signed by more than one person) and to charge the payments against the Checking account. It is agreed that:

- a) only methods approved by the Credit Union may be used to withdraw funds from this Checking Account;
b) the Credit Union is under no obligation to pay a check which exceeds the balances in the Checking Account or a check on which the date is more than six months old;
c) except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check;
d) any objection respecting any item shown on a monthly statement of the Checking Account shall be waived unless made in writing to the Credit Union on or before the 60th day following the day the statement is mailed;
e) all non-cash payments received on shares in the Checking account will be credited subject to final payment;
f) the Checking Account shall be subject to service charges in accordance with the fee schedules adopted by the Credit Union from time to time;
g) the use of the Checking Account is subject to other such terms, conditions and requirements as the Credit Union may establish from time to time;
h) this agreement is subject to and includes the additional provisions set forth below, the same being incorporated herein by reference. The word "herein" as used in this Agreement shall refer to and include provisions of this Agreement hereof.

All information provided is true and correct to the best of my knowledge. I (we) also authorize the Credit Union to verify or obtain further information they may deem necessary concerning my credit standing.

Member (or Personal Representative) Signature _____ Date _____ [] Order Visa® Debit Card

Joint Signature _____ Date _____ [] Order Visa® Debit Card