

# ADDITIONAL PRODUCTS & SERVICES REQUEST



## Building Trades Credit Union

Please complete and return this application to any BTCU branch or mail to: Building Trades Credit Union, 12080 73rd Avenue North, Maple Grove, MN 55369. Please also include your initial deposit. For branch locations and hours visit [www.buildingtradesCU.com](http://www.buildingtradesCU.com) or call 763.315.3888.

ACCT #  Member Name  Joint Name

### 1. CHOOSE YOUR ACCOUNTS & SERVICES (Required)

- SECONDARY SAVINGS** - Additional savings account
- ADVANTAGE SAVINGS** - Premium rate savings account
  
- SHARE CERTIFICATE** - Certificate of Deposit  
Amount 
  - 6-Month       36-Month
  - 12-Month      48-Month
  - 24-Month      60-Month

- REWARD CHECKING (FREE) includes Debit Card** **OR**
- REWARD CHECKING PLUS (FREE) includes Debit Card**

**Please answer the following questions.**

Have you (or joint applicant) ever had a checking account closed by any financial institution without your consent in the last 12 months?  Yes  No

Have you (or joint applicant) ever been convicted of a criminal offense because of the use of a check or similar item within the last 24 months?  Yes  No

**DO YOU WANT CHECKS?** (1 box duplicate checks approx. \$20)  Yes  No

**DO YOU WANT TO ENROLL IN POCKET THE CHANGE?**  Yes  No

### 2. LINE OF CREDIT & OVERDRAFT PROTECTION (Required)

You may want to link your checking and savings accounts to avoid NSF fees.

- Check this box if you DO NOT want your savings accounts linked for overdraft protection. I understand that if I check this box it may result in NSF fees.
- I hereby apply for a BTCU Line-of-Credit for overdraft protection and other uses. Easy qualification for \$500 or \$1,000 limit. Higher limits are available but may require income verification.

### 3. STATEMENT DELIVERY METHOD

**PAPER STATEMENTS** - \$2.00 per statement.

To avoid this fee, you must enroll in Online Banking at [buildingtradesCU.com](http://buildingtradesCU.com) and select the option for **ESTATEMENTS**. A valid email address is required.

### 4. AGREEMENT & SIGNATURE (Required)

By our signatures below as primary account owner and joint account owner, we agree that all funds deposited into the account opened, including any earnings thereon, shall be owned by us jointly with right of survivorship. On the death of one party to the joint account, all sums in the account on the date of the death vest in and belong to the surviving party or parties as his or her separate property and estate. By my signature below, I acknowledge receipt of your Account Agreement and Disclosures and have read all appropriate Disclosure Statements and Agreements. I agree to be bound by the terms and conditions set forth in your Account Agreement: I agree to conform to the Credit Union's Rules, Regulations, Bylaws and Policies now in effect and as amended or adopted hereafter; and I agree to pay any charges or fees which may be required or assessed under such Rules, Regulations, Bylaws and Policies. By applying for a checking account or line of credit, I authorize you to obtain my Consumer Credit Report and ChexSystems account verification report at the time of this application to: (1) evaluate my qualifications for opening deposit accounts and enrolling for any other credit union services requested on this application, and (2) evaluate my eligibility for a line of credit if I have indicated above that I want to establish a line of credit.

MEMBER / PRIMARY OWNER SIGNATURE  DATE

JOINT OWNER SIGNATURE  DATE

#### FOR OFFICE USE ONLY

Application received by employee:  DATE   IN PERSON  BY MAIL  FROM UNION

Qualifile  Credit Report  Scan Current ID  TIS Printed for Scanning  Debit Card  Order Checks  Loan Request  OD Protection