



2191 5th Street, Ste 202
 Norco, CA 92860
 (951) 737-6262 info@novocu.org

Checking Account Agreement

OVERDRAFT PROTECTION: YES NO

Share I.D. _____

Checking Account overdrafts will be covered by a transfer from:

Share I.D. _____

ACCOUNT NUMBER _____

MEMBER NAME (please print)	JOINT OWNER NAME (please print)
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CHECKING ACCOUNT AGREEMENT

Owner(s) hereby authorize NOVO FEDERAL CREDIT UNION to establish a special share account for me/us to be known as a "Share Draft Account" or "Checking Account". The Credit Union is authorized to recognize any of the signatures appearing below in the transaction of all business on this account and to pay share drafts signed by me (or by any of us, if this Agreement is signed by more than one person) and to charge the payments against this account. Member and joint owner, if applicable, shall be referred to in this agreement as "owners".

ACKNOWLEDGMENT OF RECEIPT OF TRUTH-IN-SAVINGS DISCLOSURE

By signing below, I acknowledge that I have received a copy of the Credit Union's Truth-in-Savings Disclosure and Agreement ("Disclosure") and that I have received a copy of the current Rate and Fee Schedule. All the terms, conditions and information contained in this Application and Agreement and any amendments thereto ("Application") are by this reference incorporated in their entirety into the Disclosure. I agree to be bound by the terms and conditions of the Disclosure and Application. I/We certify the truth of the information I have given on this Application and understand that the Credit Union may verify any information I have given.

The parties to this account agreement agree with each other and with the Credit Union that all shares in the account shall be owned as follows:

- Individual Account** - The account is owned by the party named on this Account Application. Upon the death of the party, ownership passes to the named pay-on-death payee(s), i.e. the beneficiary named on the Membership Application.
- Joint Account** - The account is owned by the parties named on this Account Application. We may release all or any part of the funds in the account to, or at the direction of, any owner, and all owners shall be jointly and severally liable for any losses. Upon the death of any of them, ownership passes to the survivor(s). Upon the death of all of them, ownership passes to the named pay-on-death payee(s), i.e. the beneficiary named on the Membership Application.

MEMBER SIGNATURE **X** _____

DATE _____

JOINT OWNER SIGNATURE **X** _____

DATE _____

Debit MasterCard Application

NAME	ACCOUNT #	CELL PHONE		
MAILING ADDRESS	CITY	STATE	ZIP	
JOINT OWNER NAME	ACCOUNT #	CELL PHONE		
MAILING ADDRESS	CITY	STATE	ZIP	

With your Novo Federal Credit Union Debit MasterCard you will be able to make purchases at all merchants that display the MasterCard logo. You will be able to use your Debit Card for all ATM and POS transactions including deposits at select CO-OP ATMs. However, the credit union encourages you to use the card as MasterCard whenever possible.

Qualifications Disclosure: I understand that this is an application for a Debit MasterCard/ATM card. I understand that I must meet the credit union's qualification criteria in order to receive a Novo Federal Credit Union Debit MasterCard. Qualification criteria may include a credit inquiry, an evaluation of NSF occurrences and/or analysis of my account.

Preliminary Responsibility and Liability Disclosure: I understand that I am fully responsible and liable for all activities on my credit union accounts, which I have requested accessibility through the Debit MasterCard/ATM card. I further understand that I am fully responsible and liable for all activities to my account by the individuals chosen to have access to my credit union account(s).

Disclosure: I understand that if my Debit MasterCard is approved, I will receive a debit card disclosure and that I am responsible for reading and adhering to the terms of the disclosure.

MEMBER SIGNATURE **X** _____

DATE _____

JOINT OWNER SIGNATURE **X** _____

DATE _____

FOR CREDIT UNION USE ONLY: Reviewed by: _____	Date _____
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