

Please complete the High School Branch Account Card attached using the steps below. Once all boxes have been checked below, bring **this checklist**, the completed **High School Account Card**, and your student ID to your High School Branch to open your new account.

Check off each step as you complete the High School Account Card attached.

**Section 1 - 3**

- Select the type of account you'd like to open
- Select who will be on the account
- Write in your school's name

**Section 4 – Student Information**

- Social security number (9-digits) in this format: xxx-xx-xxxx
- Full name, date of birth & student ID number
- Phone number & personal email address
- Mother's maiden name
- Street address, apartment # *(if applicable)*, city, state & zip

**Section 5 – Parent Information** *(Complete only if you selected a joint account – student and parent account)*

- Social security number (9-digits)
- Driver's license number, Issue date & expiration date
- Full name, date of birth
- Phone number & email address
- Mother's maiden name
- Street address, apartment # *(if applicable)*, city, state & zip
- A copy of my parent's driver's license is attached to my application***

**Section 6 - Beneficiary**

- Enter beneficiary's name and address *(if known)*

**Section 7 - Electronic Communications Agreement**

- Check accept box
- Write email address

**Section 8 - Authorization**

- Student signature & date
- Parent/Guardian signature & date *(If Applicable)*

**Would you like to open a Savings Plus account? (Select Yes or No)**

Our high yield **Savings Plus** account can be added to any membership with an active checking account. Adding the Savings Plus account will allow you to transfer or deposit funds directly into your Savings Plus and earn a higher interest rate on balances up to \$5000.

- Yes**, I'd like to open a Savings Plus.
- No**, I'm not interested right now.

Signature: \_\_\_\_\_

**For Credit Union Use Only**

*To be completed by the receiving Teller*

*Teller Initials: \_\_\_\_\_*

**Sections (1-4)**

All fields completed

**Section 5 (if applicable)**

All fields completed

**Sections (6-8)**

All fields completed

**Savings Plus Selection**

Completed

*To be completed by Head Teller*

*Head Teller Initials: \_\_\_\_\_*

**Sections (1-4)**

All fields completed

**Section 5 (if applicable)**

All fields completed

**Sections (6-8)**

All fields completed

**Savings Plus Selection**

Completed

Referred by: \_\_\_\_\_

## HIGH SCHOOL BRANCH ACCOUNT CARD

<b>To open an account, bring your STUDENT ID with this completed Account Card and drop it off at your High School Branch.</b>		
<b>1 What type of account would you like to open?</b>	<b>2 Who will be on the Account?</b>	<b>3 School Name:</b>
<input type="checkbox"/> Savings Only (No Visa Debit Card Issued) <input type="checkbox"/> Savings and Checking	<input type="checkbox"/> Student Only <input type="checkbox"/> Student and Parent (Joint Account)	
<b>4 STUDENT INFORMATION: Please print clearly to help us open your account properly.</b>		
Social Security Number (9 digits):		Student ID Number:
First Name:	Freshman Year:	Senior Year:
Middle Name:	Street Address:	
Last Name:	Apt/Suite#:	
Email Address:	City, ST, ZIP:	
Primary Phone Number:	<i>If a P.O. Box was listed, please provide your physical address:</i>	
Date of Birth:                      Age:	Street:	Apt/Suite#:
Mother's Maiden Name:	City, ST, ZIP:	
<b>5 PARENT INFORMATION: OPTIONAL: ONLY complete if you select a "Student and Parent" account in #2 above.</b>		
Social Security Number:		Driver's License Number:
First Name:	Issue Date:	Expiration Date:
Middle Name:	Street Address:	
Last Name:	Apt/Suite#:	
Email Address:	City, ST, ZIP:	
Primary Phone Number:	<i>If a P.O. Box was listed above please provide your physical address:</i>	
Date of Birth:	Street:	Apt/Suite#:
Mother's Maiden Name:	City, ST, ZIP:	
<small>Note: If the address on the DL is different from the address above, please attach 1 of these items: Utility Bill, Car Registration, Bank Statement or Pay Stub.</small>		
<b>6 BENEFICIARY INFORMATION: A beneficiary would be the person that gets the money in your account if you pass away. Accounts with no beneficiaries listed will be treated as either single-party or multiple-party accounts (multiple-party if one or more joint owners). At the death of single-party account owner, ownership of the account will pass as part of the deceased owner's estate. At the death of a multiple-party account owner, ownership of the account will pass to the surviving joint owner(s). If at least one beneficiary is listed below, the account will be treated as either a single-party or multiple-party account with a pay-on-death designation. At the death of the owner or last owner (for multiple-party accounts) of a pay-on-death account, ownership of the account will pass to the designated pay-on-death beneficiaries.</b>		
<b>1st Beneficiary Information</b>		<b>2nd Beneficiary Information (If applicable)</b>
Full Name:		Full Name:
Street Address:		Street Address:
Apt/Suite#:		Apt/Suite#:
City, ST, Zip:		City, ST, Zip:
<b>MEMBER IDENTIFICATION PROGRAM (MIP) NOTICE</b>		
<p>To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.</p> <p>For additional details, visit <a href="http://AdditionFi.com/MIP">AdditionFi.com/MIP</a></p>		
<b>TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION</b>		
<i>Under penalties of perjury, I certify that:</i>		
<p>(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and</p> <p>(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</p> <p>(3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).</p> <p>(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</p>		
<p><b>Certification Instructions.</b> Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.</p>		
Exempt payee code (if any) _____		Exemption from FATCA reporting code (if any) _____

**STATEMENT OF QUALIFICATION**

I affirm and attest that I qualify for membership with Addition Financial Credit Union because I am within their field of membership, which includes the following common bonds:

1. I live, work, worship, or attend school or vocational training in one of the counties listed at [www.additionfi.com/counties](http://www.additionfi.com/counties),
2. I am the immediate family of a current member of Addition Financial,
3. I am a member of a foundation established by the credit union, or
4. Other authorized common bond (please see an employee for assistance).

**7 ELECTRONIC COMMUNICATION AGREEMENT**

I accept Electronic Communication on my account. I understand that I/we have the option of receiving statements, records, disclosures, newsletters, and other communications (Collectively "records") from Addition Financial Credit Union on paper or otherwise in non-electronic form. However, I prefer to receive all records electronically, to use my electronic signature where feasible and to generally conduct paperless business with Addition Financial Credit Union.

I understand that I have the right to withdraw consent to receive records electronically and may receive records in paper format. I understand that Addition Financial Credit Union may choose to send me records in paper format regardless of this Agreement. If I withdraw consent or request a paper copy of an electronic record, I understand that Addition Financial Credit Union may elect to charge me fees, which would be located on Addition Financial Credit Union's Fee Schedule. I understand that my consent may be withdrawn through electronic means by sending an Electronic mail message ("E-mail") with my name and mailing address to [info@AdditionFi.com](mailto:info@AdditionFi.com) within online banking, visiting a branch, by calling Addition Financial Credit Union toll-free at (800) 771-9411 or in Orlando at (407) 896-9411, at the Contact Center, or by writing to Addition Financial Credit Union, Attn: Contact Center, 1000 Primera Blvd, Lake Mary, FL 32746, with my name and mailing address. I may also use these means to obtain a paper copy of an electronic record. I understand that it shall be my responsibility to continuously update Addition Financial Credit Union with my contact information, but particularly if I switch from electronic to paper statements.

I understand that by consenting to receiving electronic records, I am consenting to do so relating to all records sent by Addition Financial Credit Union now or in the future, unless I cancel this authorization. This consent is broad and applies to all categories or transactions I conduct with Addition Financial Credit Union.

Following is the minimum hardware and software requirements for access to and retention of electronic records, and I affirmatively state that I have the ability to meet these requirements in order to view electronic records:

Computing Device Minimum Requirements	Mobile Minimum Requirements
<ul style="list-style-type: none"> <li>• Most recent major release of an operating system from Apple, Google, or Microsoft.</li> <li>• Current stable version of an internet browser provided by Apple, Google, or Microsoft.</li> </ul>	<ul style="list-style-type: none"> <li>• Most recent major release of iOS or Android capable of installing and supporting the newest version of the Addition Financial Mobile application.</li> </ul>

I understand that from time to time there might be additional hardware or software requirements necessary to receive electronic records from Addition Financial Credit Union and that I will be responsible for informing Addition Financial Credit Union if I am not able to access my records electronically. I have read the foregoing and affirmatively consent to receiving electronic records from Addition Financial Credit Union at the following **valid e-mail address** \_\_\_\_\_ . I understand that if I change e-mail addresses or any other contact information, it is my responsibility to update Addition Financial Credit Union I confirm that I have the ability to access all such records in an electronic format and have chosen to do so on behalf of all joint owners on this account, if any.

I decline Electronic Communications on my account.

**OVERDRAFT PROTECTION TRANSFER**

By signing this Account Card, I accept the Credit Union's overdraft protection transfer plan on my share draft/checking account. I understand that if my share draft account is overdrawn by a transaction, and I have sufficient funds in my primary share savings account (with suffix "0000") to cover the transaction, the Credit Union will transfer funds from my primary share savings to my share draft/checking account to cover the transaction.

I understand that I will be charged an overdraft protection transfer fee for each transfer as outlined in the Fee Schedule available at [www.additionfi.com/feeschedule](http://www.additionfi.com/feeschedule). Further, I agree that the Credit Union may transfer and/or use any of my funds, including direct deposits of Social Security, SSI, and other governmental benefits, to cover overdrafts and pay related fees.

**8 AUTHORIZATION**

By signing below, I/we agree to the Terms and Conditions of the *Important Account Information for Our Members Agreement ("T&C")*. This includes the following provisions of the T&C: Debit Card Agreement, Electronic Funds Transfer Agreement, Deposit Availability Policy, Truth in Savings Disclosure, the agreement that either party in a legal dispute may elect to resolve the dispute through binding arbitration (except those disputes that can be resolved in small claims or county court), and any amendment the credit union makes from time to time which are incorporated into the T&C. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. This acknowledgment and Agreement applies to all accounts and sub-accounts that I have with the credit union as this shall be a Master Agreement. I/We authorize the credit union to check my/our account, credit and employment history, and obtain reports from third parties, including credit reporting agencies, to verify my/our eligibility for the accounts and services I/we request and for other accounts, products or services the credit union may offer me/us or for which I/we may qualify. **The Internal Revenue Service does not require consent to any provision of this document other than the certifications required to avoid backup withholding.**

Student Signature	Date
<b>X</b>	

Parent/Guardian Signature (sign only if joint on account)	Date
<b>X</b>	

**FOR CREDIT UNION USE ONLY**      Date Rcvd: \_\_\_\_\_      Copy of ID Attached:       Account # \_\_\_\_\_