

To open a high school account, please complete the High School Branch Account Card *attached* using the steps below.

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

- 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 & email address
  - Mother's maiden name
  - Street address, apartment # (*if applicable*), city, state and zip code
  - Initials for **Single-Party** (Student Only Account) or **Multiple-Party** (Student and Parent Account)
  
- 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 and zip code
  - A copy of my parent's driver 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 add Fun Savings and Bucks on your account?** With a Fun Savings/ Fun Bucks account, you can earn 5% on your deposits of \$10 or more, up to \$100 per quarter.
  - Yes       No

- Final Step:** Once all boxes have been checked above, bring **this checklist**, the completed **High School Account Card**, and your student ID to your High School Branch to open your new account!

For Credit Union Use Only		
<i>To be completed by the receiving Teller</i>	<i>Teller Initials: _____</i>	
<p style="text-align: center;"><b>Sections (1-4)</b></p> <input type="checkbox"/> All fields are completed	<p style="text-align: center;"><b>Section 5 (if applicable)</b></p> <input type="checkbox"/> All fields are completed	<p style="text-align: center;"><b>Sections (6-8)</b></p> <input type="checkbox"/> All fields are completed
<i>To be completed by Head Teller</i>	<i>Head Teller Initials: _____</i>	
<p style="text-align: center;"><b>Sections (1-4)</b></p> <input type="checkbox"/> All fields are completed	<p style="text-align: center;"><b>Section 5 (if applicable)</b></p> <input type="checkbox"/> All fields are completed	<p style="text-align: center;"><b>Sections (6-8)</b></p> <input type="checkbox"/> All fields are completed

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

# HIGH SCHOOL BRANCH ACCOUNT CARD

**To open an account, bring your STUDENT ID with this completed Account Card and drop it off at your High School Branch.**

<b>1 What type of account would you like to open?</b> <input type="checkbox"/> Savings Only (No Visa Debit Card Issued) <input type="checkbox"/> Savings and Checking	<b>2 Who will be on the Account?</b> <input type="checkbox"/> Student Only <input type="checkbox"/> Student and Parent (Joint Account)	<b>3 School Name:</b>
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**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

**4 STUDENT INFORMATION:** *Please print clearly to help us open your account properly.*

Social Security Number (9 digits):	Student ID Number:
First Name:	Freshman Year: <span style="float: right;">Senior Year:</span>
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: <span style="float: right;">Age:</span>	Street: <span style="float: right;">Apt/Suite#:</span>
Mother's Maiden Name:	City, ST, ZIP:

**Designate the ownership of the accounts and responsibility for the service requested (Select one and initial)**

<input type="checkbox"/> <b>Single-Party Account With a Pay-On-Death Designation</b> - At death of the party, ownership passes to the designated beneficiaries and is not part of the party's estate.	<input type="checkbox"/> <b>Multiple-Party Account With Right of Survivorship and a Pay-On-Death Designation</b> - At death of the last surviving party, ownership passes to the designated pay-on-death beneficiaries and is not part of the last surviving party's estate.
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**ACCOUNT OWNERSHIP**

**5 PARENT INFORMATION: OPTIONAL: ONLY complete if you select a "Student and Parent" account in #2 above.**

Social Security Number:	Driver's License Number:
First Name:	Issue Date: <span style="float: right;">Expiration Date:</span>
Middle Name:	<i>A copy of parent's Driver's License must be provided</i>
Last Name:	Street Address: <span style="float: right;">Apt/Suite#:</span>
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: <span style="float: right;">Apt/Suite#:</span>
Mother's Maiden Name:	City, ST, ZIP:

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.

**ACCOUNT DESIGNATION**

**6 BENEFICIARY INFORMATION:** *A beneficiary would be the person that gets the money in your account if you pass away.*

1st Beneficiary Information	2nd Beneficiary Information (If applicable)
Full Name:	Full Name:
Street Address:	Street Address:
Apt/Suite#:	Apt/Suite#:
City, ST, Zip:	City, ST, Zip:

**MEMBER IDENTIFICATION PROGRAM (MIP) NOTICE**

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.

For additional details, visit [AdditionFi.com/MIP](http://AdditionFi.com/MIP)

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

*Under penalties of perjury, I certify that:*

- (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and*
- (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*
- (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).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

**Certification Instructions.** *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.*

Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
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**STATEMENT OF QUALIFICATION**

I affirm and attest that I qualify for membership with Addition Financial Credit Union because I meet one of the below requirements:

1. I live, work, worship, or attend school or vocational training in Alachua, Brevard, Duval, Flagler, Hernando, Highlands, Hillsborough, Indian River, Lake, Marion, Martin, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, St. Johns, St. Lucie, Sumter, or Volusia Counties ("Membership Counties");
2. I am in the immediate family of a member of Addition Financial;
3. I am an alumni of any college, university, or educational institution located in any of the Membership Counties ("Membership Institutions");
4. I am a member of an alumni association or foundation organization established by or affiliated with any of the Membership Institutions;
5. For trust accounts, I serve as trustee of the trust and a member of Addition Financial is a settlor, trustee, or beneficiary of this trust.

**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:

Windows Minimum Requirements	Mac Minimum Requirements	Mobile Minimum Requirements
<ul style="list-style-type: none"> <li>• Windows 8.1 or newer</li> <li>• Current stable version of Edge, Chrome, Firefox, or Internet Explorer</li> </ul>	<ul style="list-style-type: none"> <li>• Mac OS X 10.10 or newer</li> <li>• Current stable version of Safari or Chrome</li> </ul>	<ul style="list-style-type: none"> <li>• iOS 8 or newer</li> <li>• Windows mobile OS 8 or newer</li> <li>• Android 4.1 or newer</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**

By signing below, I accept Overdraft Protection on my Checking Account.

**I agree that the Credit Union may charge fees for overdrafts based upon an insufficient available balance. I understand that the Credit Union may use subsequent deposits, including direct deposits of Social Security or other government benefits, to cover such overdrafts and fees.**

Overdraft protection from this account:		
Share	Suffix	Amount + Fee
1	0000	Difference + \$3.00

Note: Regulation D limits the activity between a savings (non-transaction) and a checking (transaction) account. **This regulation allows for no more than 6 transfers or withdrawals per calendar month from a savings or money market account without a member being present at a branch or ATM location.**

**8 AUTHORIZATION**

By signing below, I/we agree to the Terms and Conditions of the *Important Account Information for Our Members Agreement*. This includes the Debit Card Agreement, Electronic Funds Transfer Agreement, Deposit Availability Policy, Truth in Savings Disclosure, and any amendment the credit union makes from time to time which are incorporated herein. 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.**

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Student Signature Date Parent/Guardian Signature (sign only if joint on account) Date

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