NUVision CREDIT UNION

Membership # _____

CLUB ACCOUNT CARD

CLUB INFORMATION

Club Name | Tax ID (Social Security Number) | Website | Email

Physical Street Address | City | State | Zip | Phone # | Fax#

CLUB ACCOUNT TYPES REQUESTED

OFFICER INFORMATION

1

Full Name | Social Security No. | Identification | State | Expiration Date | Date of Birth | Profession/Job Title

Street Address | City | State | Zip | Home Phone# | Work Phone #

Chexsystems verification (CU use only)

Signature

2

Full Name | Social Security No. | Identification | State | Expiration Date | Date of Birth | Profession/Job Title

Street Address | City | State | Zip | Home Phone# | Work Phone #

Chexsystems verification (CU use only)

Signature

3

Full Name | Social Security No. | Identification | State | Expiration Date | Profession/Job Title

Street Address | City | State | Zip | Home Phone# | Work Phone #

Chexsystems verification (CU use only)

Signature

4

Full Name | Social Security No. | Identification | State | Expiration Date | Date of Birth | Position

Street Address | City | State | Zip | Home Phone# | Work Phone #

Chexsystems verification (CU use only)

Signature

DEBIT/ATM CARD(S)

Debit/ATM Cards are subject to Terms and Condition as outlined in the NuVision Federal Credit Union Electronic Funds Transfer Agreement and Disclosure.

Debit Cards are issued to accounts having both a checking and savings account. ATM cards are issued to accounts with savings only

Card Requested For: ___ Primary Owner ___ Joint Owner

CHECKING OVERDRAFT PROTECTION

You authorize the Credit Union to cover any overdraft by a transfer of funds from other accounts owned by you to your checking account, in the order indicated below and in accordance with the terms and conditions of the Membership and Account Agreement Disclosure which are incorporated herein by this reference. You will refer to the Schedules of Fees and Charges for applicable fees and transfer limitations.

Please transfer funds from the following accounts in the order indicated below (place 1, 2 or 3 next to each account type. If not applicable, write N/A).

Transfer from my Savings - Account Number _____

Transfer from my Money Market - Account Number_____

Advance from my Line of Credit up to my credit limit, subject to the terms and conditions of that account, such sum(s) as established by NuVision Federal Credit Union from time to time.

Do not provide overdraft protection from any of my accounts.

NUVISION CREDIT UNION

Membership # _____

CLUB ACCOUNT CARD

TAX CERTIFICATION – UNDER PENALTIES OF PERJURY, I CERTIFY THAT

(1)The number of this form is my correct taxpayer identification number
(2)I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends,, (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, or (c) this account is owned by an entity exempt from backup dividends.
(3)Check this box ___ if you are subject to backup withholding and cannot certify the provision of (2) above.
(4) Check this box ___ if you are subject to FATCA Reporting
(5)___ If this box is checked, the above 1-4 of the Tax Certification do not apply because (a) I am not a United States person or (b) I am an individual and am neither a citizen nor a resident of the United States. I will complete the IRS from W-BBEN (c) if this is not checked, I am a U.S. (including U.S. resident alien).

1. You promise that everything you have stated in this application is correct. Your authorize NuVision Federal Credit Union to check your employment and credit history and to obtain credit reports in connection with your request for membership and/or credit and for any update, renewal or extension of the credit received. You understand that NuVision Federal Credit Union will rely on the information above and in your credit reports. If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any changes in your name, address, or employment within a reasonable time thereafter.
2. By signing below you acknowledge receipt of a copy of the Agreements & Disclosures, Rate Schedule, Schedule of Fees & Charges, LOANLINER Credit and Security Agreement, including the Addendum.
3. I understand I will be given access to the ABIL (Automated Telephone Transaction) System.
4. Pursuant to federal law, NuVision Federal Credit Union must verify the identity of any person seeking to open an account or add a joint owner to any existing account and will maintain records of the information used to verify the person's identity.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

NUVISION CREDIT UNION USE ONLY

ACCOUNT OPENED BY:	SUPERVISOR/ MANAGER APPROVAL
_____ _____ _____	_____ _____
Employee # Employee Date	Approved by Date

NUVision CREDIT UNION

What You Need to Know about Overdrafts and Overdraft Fees

(*Checking Accounts Only*)

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two ways:

1. We have standard overdraft practices that come with your account. This is our Bounce Protection program.
2. We also offer overdraft protection plans, such as a link to a savings account, which may be less expensive than our standard overdraft practices, to learn more, ask us about these plans.

This notice explains our standard overdraft practices (Bounce Protection program).

• What are the standard overdraft practices (Bounce Protection program) that come with my account?

We do authorize and pay overdrafts for the following types of transactions:
- Checks and other transactions made using your checking account number
- Automatic bill payments

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):
- ATM Transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

• What fees will I be charged if NuVision pays my overdraft?

Under our standard overdraft practices (Bounce Protection program):
- We will charge you a fee of $30 each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

• What if I want NuVision to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, complete the form below and send it in the postage paid envelope or call 800.444.6327, or visit nuvisionfederal.org,

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__ YES, I want NuVision to authorize and pay overdrafts on my ATM and everyday debit card transactions.

__ NO, I do not want NuVision to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Name: _____ Signature: _____

Date: _____

NuVision Membership Number: _____

NUVISION FEDERAL CREDIT UNION
IMPORTANT PRIVACY CHOICES FOR CONSUMERS

You have the right to control whether we share some of your personal information. Read the following information carefully before you make your choices below.

Your Rights. You have the following rights to restrict the sharing of personal and financial information with our affiliates (companies we own or control) and outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

Your Choices. restrict information sharing with companies we own or control (Affiliates): Unless you say "No," we may share personal and financial information about you with our affiliated companies.

___ NO, do not share personal and financial information with your affiliated companies.

restrict information sharing with other companies we do business with to provide financial products and services: unless you say "No," we may share personal and financial information about you with outside companies we contract with to provide financial products and services to you.

___ NO, do not share personal and financial information with outside companies you contract with to provide financial products and services.

Time Sensitive Reply. You may make your privacy choice(s) at any time. Your choice(s) marked here will remain unless you state otherwise. However, if we do not hear from you we may share some of your information with affiliated companies and other companies with whom we have contracts to provide products and services.

Name: _____

Membership Number: _____

Signature: _____

To exercise your choice do the following:
Complete, sign and mail to (you may want to make a copy for your records):

NuVision Federal Credit Union
P.O. Box 1220
Huntington Beach, CA 92647
or Fax to 714.375.8680

NuVisionfederal.org
800.444.6327