Horizon Credit Union
P.O. Box 15128
Spokane Valley, WA 99215
(800) 852-5316

SHARE SIGNATURE CARD

Membership fee: $20 (non-refundable), members under 18 exempt.

MEMBER NUMBER

MEMBER NAME	SOCIAL SECURITY #	DATE OF BIRTH	MOTHER'S MAIDEN NAME	DRIVERS LICENSE #
PHYSICAL ADDRESS			MAILING ADDRESS	
HOME PHONE	CELL PHONE	EMPLOYER	BUSINESS PHONE	
JOINT OWNER	SOCIAL SECURITY #	DATE OF BIRTH	MOTHER'S MAIDEN NAME	DRIVERS LICENSE #
PHYSICAL ADDRESS				
HOME PHONE	CELL PHONE	EMPLOYER	BUSINESS PHONE	
JOINT OWNER	SOCIAL SECURITY #	DATE OF BIRTH	MOTHER'S MAIDEN NAME	DRIVERS LICENSE #
PHYSICAL ADDRESS				
HOME PHONE	CELL PHONE	EMPLOYER	BUSINESS PHONE	
JOINT OWNER	SOCIAL SECURITY #	DATE OF BIRTH	MOTHER'S MAIDEN NAME	DRIVERS LICENSE #
PHYSICAL ADDRESS				
HOME PHONE	CELL PHONE	EMPLOYER	BUSINESS PHONE	

BENEFICIARY DESIGNATION. **I/We designate on** DATE | BENEFICIARY NAME | RELATIONSHIP

BENEFICIARY ADDRESS

as beneficiary of any account funds. This beneficiary designation is changed by completing a new beneficiary section.

USA PATRIOT Act 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. 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 ask to see your drivers license or other identifying documents. We proudly support all efforts to protect and maintain the security of our customers and our country.

I hereby make application for membership, agreeing to conform with the by-laws and all account terms and conditions, as modified from time to time and pay the accompanied membership fee for HORIZON Credit Union. All modifications to the by-laws, terms and conditions are available, anytime, upon request. If the account becomes inactive, in the discretion of the Credit Union, may impose a charge or cease to pay dividends. To remain a member, one must maintain an active share or loan account with the credit union and abide by all by-laws and terms and conditions of the account. If I designate a joint owner or beneficiary above, I intend that the joint owner have rights of survivorship and that both receive the remaining balance in the account absolutely.

Under penalties of perjury, certify that: (1) The number shown on this form is my correct taxpayer identification number, (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 US person (including a US resident alien). 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. Cross out item 3 and complete a W-8 BEN if you are not a US person.

*MEMBER SIGNATURE | DATE | JOINT OWNER SIGNATURE | DATE

JOINT OWNER SIGNATURE | DATE | JOINT OWNER SIGNATURE | DATE

By signing above, you authorize HCU to verify your credit and employment histories, obtain a credit report, obtain further credit information for periodic review of your account(s), grant permission for HCU to use the information contained in this credit report to offer other financial products and services that you may qualify for, and to make its experience with your account(s) available to credit bureaus or provide information about your account(s) to any person or entity when required by law. Also, by signing above, (1) you apply for a Debit/ATM card to access your account electronically and (2) acknowledge receipt of your Electronic Funds Transfer Disclosures. Additional fees may apply to your Debit/ATM card.

 * = Required Maintained by HZCU - Revised 12/6/2022 NA001-013

(Signature must be notarized as requested by Horizon Credit Union)

STATE OF _____)

COUNTY OF _____)

I, _____, a Notary Public, do hereby certify that on this _____ day of _____, 201__, personally

appeared before me _____, known to me to be the person whose name is subscribed to the foregoing instrument, and swore and acknowledged to me that he/she executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct.

Notary Public, State of _____

_____

_____

Name, Typed or Printed:_____

My Commission Expires:_____

JOINT SHARE ACCOUNT AGREEMENT

Horizon Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with the credit union that all sums paid for shares or all amounts added to the share draft account by any joint owner, plus dividends or interest, shall be owned by them jointly with the right of survivorship and be subject to the withdrawal or receipt of any of them and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. The joint owners do further agree that any amounts added to this account by reason of any Life Insurance in the name of any joint owner shall be paid to the surviving joint owners who are designated as the beneficiary or beneficiaries of such insurance.

All shares held by joint owners or trustees may be pledged as collateral on a loan by any or all of them.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, without the written consent of the credit union, unless the account is terminated entirely. Even if the account is terminated entirely the agreement shall apply to all transactions occurring during the time of an active account.

SHARE DRAFT AGREEMENT

The person(s) signing the on the first page of this Agreement agree to the following terms:

(1) Only share draft blanks and other methods approved by the credit union may be used to make withdrawals from this account.
(2) The credit union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this account.
(3) The credit union may pay a share draft whatever day it is presented for payment notwithstanding the date (or any limitation on the time of payment) appearing on the share draft.
(4) When paid, share drafts become the property of the credit union and will not be returned either with the periodic statement of this account or otherwise.
(5) Except for negligence, the credit union is not liable for any action it takes regarding the payment or nonpayment of a share draft.
(6) Any objection respecting any item shown on a periodic statement of this account is waived unless made in writing to the credit union before the end of 60 days after the statement is mailed.
(7) The Credit Union may require a 90 day notice of withdrawal of shares or deposits, in its discretion.
(8) This account is also subject to such other terms, conditions and service charges as the credit union may establish from time to time. Such changes in terms, conditions or service charges available upon request, at any time.

OVERDRAFT FEATURE. If payment of a share draft signed by the member or any of the joint owners would exceed the fully paid and collected share balance in this account, the credit union may: Pay such share draft and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, from any other regular share account from which any of the persons signed on this card then eligible to withdraw shares and/or treat such share draft as a request to the credit union for an advance from a loan account in an amount sufficient to permit the credit union to pay the share draft.

Check those below that apply:

☐ **JOINT ACCOUNTS.** We authorize the credit union to recognize any of the signatures of joint owner(s) in transacting any business, for this account. All funds in this account are our joint property, regardless of who might have actually contributed funds to the account, and are owned by us as joint tenants with right of survivorship. We each appoint one of the other(s) as attorney in fact to endorse all checks or drafts to be cashed or deposited.

Membership Eligibility (Please Check One)

☐ **Washington** Persons who reside, work or worship within the school districts of the State of Washington.

☐ **Idaho** Employees, employers, students and retirees (including spouses of deceased persons, members of their immediate family or households and organizations to which they belong) who reside in, work in, are headquartered in or are paid from Ada, Adams, Benewah, Bonner, Boundary, Canyon, Kootenai, Latah, Lewis, Nez Perce, Shoshone, Valley, and Washington counties, and family members of eligible members of this credit union.
Employees of Horizon Credit Union.
Any legal business entity operating without employees that is owned or controlled by members of Horizon Credit Union where combined ownership or control by members is at least 50%.
Trusts composed entirely of natural persons (settlor, trustee and beneficiary) who are eligible members of Horizon.

☐ **Montana** Persons (including spouses of deceased persons, retirees, members of their immediate family or households and organizations to which they belong) who reside, work, or worship within the following Montana counties: Beaverhead, Broadwater, Cascade, Chouteau, Deer Lodge, Gallatin, Granite, Jefferson, Judith Basin, Lake, Lewis and Clark, Mineral, Missoula, Pondera, Powell, Ravalli, Sanders, Silver Bow, and Teton.
Employees of Horizon Credit Union.
Federal employees living or working in Region One of the United States Forest Service.

☐ **Oregon** Persons who live or work in, or organizations located within Baker, Grant, Malheur, Umatilla, Union, and Wallowa Counties.

FOR CREDIT UNION USE ONLY

_____	_____	_____	_____
DATE UPDATED	* UPDATED BY	APPROVED BY(Membership Officer)	DATE

 * = Required - Maintained by HZCU - Revised 12/6/2022 NA001-013