

Share Draft Application

New	Re-Open	Standard	1st Rate
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Date (mm/dd/yyyy)		Account #	
Primary		Joint Owner	
SS #	DOB	SS #	DOB
Address		Address	
City, St, Zip		City, St, Zip	
Phone # (.....)	DL#	Phone # (....)	DL#
Account Ownership:	Individual	Joints with rights of survivorship	Joint without rights of survivorship
Account Designation			
Beneficiary		Beneficiary	
Address		Address	
City,St,Zip		City,St,ZIP	
SS #	Relationship	SS #	Relationship
Beneficiary		Beneficiary	
Address		Address	
City,St,Zip		City,St,Zip	
SS #	Relationship	SS #	Relationship

Please make sure above information is correct before signing.

Standard Checking sign below.			
X		X	
Primary	Date	Joint Owner	Date

1st Rate Checking qualifications.

- I understand the following must be met monthly to qualify for the 1st Rate Checking:
- *Minimum of 12 debit transactions. (Must be pin or point of sale transactions. ATM withdrawals excluded.)
 - *Must be enrolled in e-Statements
 - *Minimum average daily balance of \$500 or higher.
 - *Direct Deposit or Payroll Deduction into your 1st Rate Checking.
 - *Failure to meet all of the above requirements will result in a lower interest rate.**

1st Rate Checking sign below.			
X		X	
Primary	Date	Joint Owner	Date

*****FOR CREDIT UNION USE ONLY*****			
Teller _____			
Beacon _____ (Primary)	OFAC run date _____		Standard Share Type (3) _____
Beacon _____ (Joint)			1 st Rate Share Type (4) _____