



1630 King Street
 Alexandria, Virginia 22314-2745
 703-706-5000 • Fax 703-684-1613

SDFCU Account Number: _____

Taxpayer Number: _____

SHARE CHECKING ACCOUNT APPLICATION FOR ORGANIZATIONS

Name of Organization: _____

Address: _____

DEPOSITING FUNDS OPTIONS:

Use the enclosed deposit of \$ _____ to open the Share Checking Account.

Transfer \$ _____ from the Regular Share Account to open this account.

OVERDRAFT PAYMENT PRIVILEGES:

Handle overdrafts in the following manner (check one):

Cover overdrafts with Regular Shares. If funds are unavailable, check will be rejected.

Reject Check. Do **NOT** cover with Regular Shares.

NOTE: Federal Regulation D limits the number of pre-authorized transfers from Regular Shares to six per month. This includes transfers by phone, fax, internet instruction, wire and cable, as well as OVERDRAFT TRANSFERS TO CHECKING. More than six transfers - in any combination as defined under Regulation D - may result in share check rejection.

CHECK ORDERING: (Print Name and Address of Organization as they are to appear on checks)

Name: _____

Address: _____

Special Instructions: _____

General Purpose Checks with record keeping stub, three to a page

Starting Number: _____ (Use 1001 or higher)

Three-To-A-Page Value Pack:

- 150 Single Part or Carbonless Duplicate Checks
- 100 Book Bound Duplicate Deposit Tickets
- Pre-Inked Endorsement Stamp
- Black Checkmate Binder
- Vinyl Bill Organizer
- Patented Security Features

The authorized users/officers of the Share Checking Account must be the same as those listed on the Regular Share Membership Application. Each authorized user/officer must sign all forms/disclosures.

We have read and understand the provisions of the Share Check program as set forth in the Important Account Information disclosure booklet.

| | | |
|-----------|------|------|
| Signature | Name | Date |
| Signature | Name | Date |
| Signature | Name | Date |
| Signature | Name | Date |
| Signature | Name | Date |
| Signature | Name | Date |

