Member Application

Healthcare Plus Federal Credit Union

Main Office:
203 S. Dakota St.
Aberdeen, SD 57401
605.725.0900
FAX 605.725.0899

Lobby: 9:00-4:30 M-F
Drive-up: 7:30–6:00M-F
Sat. Drive-up: 9:00-12pm

Hospital Office:
305 S. State St.
Second Floor N
Aberdeen, SD 57401
605.725.0886

Lobby: 9:00-12:30 M-F
1:30-4:00 M-F

Mailing Address:
PO Box 1857
Aberdeen, SD 57402-1857

www.hcpfcu.coop

Healthcare Plus Federal Credit Union

Member Application & Agreement

Name: (First) _____ (MI) ____ (Last) _____ Acct. # _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birth Date: _____ Mother's Maiden Name: _____ SS#: _____

Present Employer: _____ Address: _____

Membership Qualification: _____ EMAIL Address: _____ Drive's Lic. Copy: ____

DL#: _____

Signatures & Certifications:

Backup withholding certification-check box (A) if true of (B) below:

(A)__ By signing below, I certify under penalties of perjury that the taxpayer identification number (TIN) shown above is my correct TIN and I am not subject to backup withholding either because (a) I have not been notified by the IRS that I am subject to back up withholding as a result of a failure to report all interest or dividends or (b) the IRS has notifies me that I am no longer subject to backup withholding.

(B)__ I am subject to backup withholding; am NOT a citizen or resident of the United State; am exempt. (list exemption reason from W9 _____)

By signing below, the undersigned agree to the Credit Union's by-laws and the terms and conditions of any approved account, as amended from time to time. You authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit reporting agency. The undersigned certify that the information provided on this application is true and correct. The undersigned acknowledge receipt of a copy of the terms and conditions applicable to listed account and policy disclosures.

Member Signature: _____

Date: _____ Acct#: _____

SHARE SAVINGS ACCOUNT

Acct#: _____ Date: _____ Member Signature: _____

Joint Owner or POD (circle one) Print Name: _____ Signature: _____

SS#: _____ DOB: _____ Phone: _____ Relation: _____

Joint Owner or POD (circle one) Print Name: _____ Signature: _____

SS#: _____ DOB: _____ Phone: _____ Relation: _____

For Office Use Only
Application Approved By:_____ Date: _____

FEES & SERVICES
As of 08/11

ACH Fee, one time	$15
ACH origination returned	$10.00/item
deposited or applied toward loan	
ATM/Debit Card Fee	$3.00/card
ATM/Debit Card Replacement	$5.00/card
ATM Monthly Fee	$1.00/month
This fee could be waived if 2+ services are used in addition to the regular share account.	
Account Reconciliation Fee	$10.00/hr
Cashier's Check Fee	$3.00/ item
Check Cashing Fee	$2.00/item
unless $25.00 balance or 2 services used	
Draft Copy Fee	$2.00/copy
Certificate Early Redemption Penalty 30-60 day penalty dependent upon term of certificate	
Extension Fee	$20.00
Fax (incoming/outgoing)	$1.00/fax
In house Refinance Fee	$50.00
To a lower rate	
IRA Fee	$10.00/year
Lien Fee	$7.00
Loan Documentation Fee	$10.00
Money Order Fee	$2.00/item
Multiple Advance Fee	$10
Overdraft Item Fee	$25.00 per item
Overdraft Share Transfer Fee	$2.00/transfer
Photocopy Fee	$.05 per copy
Returned Check	$10.00/item
deposited or applied toward loan	
Returned Item Fee	$25.00 per item
Returned Statement Fee	$5.00
Statement History Fee	$5.00/ inquiry
Stop Payment Fee	$25.00/item
UCC Fee	$30.00
Unauthorized EFT Return Fee	$25.00/item
VISA Gift Card	$2.50/card
VISA Credit Card Replacement	$2.00/card
VISA Reloadable Card	$2.50/card
Western Union Wire Fee	$25.00/transfer
Wire Transfer Fee (Domestic)	$15.00/trans.
Wire Transfer Fee (International)	$45.00/ transfer

Safe Deposit Boxes:

3x10	$20.00/year
5x10	$30.00/year
10x10	$40.00/year
$50 security deposit	

Your savings federally insured to at least $250,000 and backed by the full faith and credit of the United States Government
NCUA
National Credit Union Administration, a U.S. Government Agency