

Sharedraft Account Agreement

Share Account Relationship _____

Date Opened _____

Sharedraft Account Number Assigned: _____

SD Code: _____

Members Name: _____

Would you like Courtesy Pay? YES NO Would you like Transfer Privilege? YES NO

I/We hereby authorize Down East Credit Union to establish a special share account for me/us to be known as a "Sharedraft Account." The Credit Union is authorized to pay sharedrafts signed by me (or by any of us, if more than one person signs this agreement) and to charge the payments of such draft against my/our Sharedraft Account.

It is agreed that:

- (a) Only share draft blanks and other methods approved by the Credit Union may be used to withdraw funds from this Sharedraft Account;
(b) The Credit Union, may at its discretion, place this account on a probation term;
(c) The Credit Union is under no obligation to pay a sharedraft which exceeds the balance in the Sharedraft Account;
...
(k) JOINT ACCOUNT HOLDERS: I/we understand that by signing this agreement I/we are equally bound, with the Primary Sharedraft Account holder, by all of the terms set forth within.

(Instructions to Primary Account Holder: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has been terminated, you must strike out the language in Clause 2 of the certification you sign below)

Under penalties of perjury, I certify (1) that _____ is my correct taxpayer identification number, (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. Resident Alien.)

Signature: _____

Date: _____

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I hereby agree to accept and abide by the terms and conditions set forth within this Sharedraft Agreement and the additional agreement I have signed for the account type I have chosen. My signature certifies that I have read and understand my responsibilities as the Primary Account Holder of this account.

Signature of Primary Account Holder

SSN

I hereby agree to accept and abide by the terms and conditions set forth within this Sharedraft Agreement. I also understand that my rights to access and responsibilities for maintaining this account are equal in nature to the Primary Account Holder with the exception being that I am not authorized to close this account. My signature certifies that I have read and understand my responsibilities and limitations as a Joint Owner to this account.

Signature of Joint Owner (1)

SSN

Printed Name

DOB

Signature of Joint Owner (2)

SSN

Printed Name

DOB

Signature of Joint Owner (3)

SSN

Printed Name

DOB

Witness to All

Printed Name

Starter Checks: Y / N Probation: Y / N Term: (1 month) (2 months) (3 months) (6 months)

Copy to Member: Y / N Copy to Joint Owner(s): Y / N Copy for File: Y / N

Date Account Closed: _____ Closed by: Member / Credit Union

Reason Closed _____