ACCOUNT APPLICATION

ABOUT QUEST ACCOUNTS

QUALIFICATIONS At Quest Credit Union members are required to have a good account history.

BENEFITS

- **Free Online Banking**
- **Free Online Bill Pay**
- **Free Quest Mobile App**
- **Free E-Alerts**
- **Dividends are paid monthly**
- **No per check charge**
- **24-hour access with Visa Check Card or ATM card (qualified members only)**
- **Overdraft Protection and Overdraft Privilege (qualified members only)**
- **Itemized monthly statements**
- **Telephone Teller**
- **Special Employer Partner discounts and services**

INFORMATION All share accounts are separate from checking accounts. Checks cannot be used to withdraw funds from your share account.

Quest Credit Union reserves the right to close Expandacheck accounts if three (3) insufficient fund items are received during a 30 day period.

INSTRUCTION Complete the entire application and sign where indicated. For joint accounts, the joint applicant should complete the right-hand column and sign where indicated. This application cannot be processed without the signature of each applicant.

Return the completed application and minimum deposit of $5.00 for Regular Savings or Youth Savings. Minimum balances on all other accounts vary. See a Quest representative for details. Please do not mail cash.

HOW TO APPLY

For savings only, complete Sections 1, 2 and 4, and sign Section 7. For checking, complete Sections 1-6 and sign Section 7.

1 APPLICANT INFORMATION

I WOULD LIKE TO OPEN:

- ☐ SAVINGS
- ☐ CHECKING

I AM ALSO INTERESTED IN:

- ☐ AUTO LOAN/REFINANCE
- ☐ MORTGAGE/HOME EQUITY
- ☐ 6.75% VISA CREDIT CARD
- ☐ CDS/IRA/RETIREMENT
- ☐ SAFE DEPOSIT BOX
- ☐ OTHER _____

APPLICANT

Please print in ink or type.

LAST NAME	FIRST NAME	M.I.
BIRTHDATE	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NO.	LICENSE ISSUE STATE	
LICENSE ISSUE DATE	LICENSE EXPIRATION DATE	
HOME PHONE	CELL PHONE	
PRESENT STREET ADDRESS		☐ OWN ☐ RENT
CITY	STATE	ZIP
E-MAIL ADDRESS		

JOINT APPLICANT

Use "SAA" if information is "Same As Applicant."

LAST NAME	FIRST NAME	M.I.
BIRTHDATE	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NO.	LICENSE ISSUE STATE	
LICENSE ISSUE DATE	LICENSE EXPIRATION DATE	
HOME PHONE	CELL PHONE	
PRESENT STREET ADDRESS		☐ OWN ☐ RENT
CITY	STATE	ZIP
E-MAIL ADDRESS		

2 EMPLOYMENT INFORMATION

IS YOUR EMPLOYER A PARTNER OF QUEST?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

NAME OF EMPLOYER		
ADDRESS OF EMPLOYER		
CITY	STATE	ZIP
YOUR TITLE	SUPERVISOR'S NAME	
START DATE	WORK PHONE	
MILITARY RANK (IF APPLICABLE)		

NAME OF EMPLOYER		
ADDRESS OF EMPLOYER		
CITY	STATE	ZIP
YOUR TITLE	SUPERVISOR'S NAME	
START DATE	WORK PHONE	
MILITARY RANK (IF APPLICABLE)		

WHY DID YOU CHOOSE QUEST CREDIT UNION? ☐ LOW RATES & FEES ☐ LOCATION ☐ RECOMMENDED ☐ ADVERTISEMENTS ☐ EMPLOYER PARTNER ☐ OTHER _____

ACCOUNT APPLICATION

SECTIONS 3-5 FOR CHECKING ACCOUNTS ONLY

3 VISA CHECK CARD APPLICATION

APPLICANT

Visa Check Card will access the following accounts:
☐ CHECKING ☐ SAVINGS

MOTHER'S MAIDEN NAME (for security purposes)

I/we understand that I/we am/are the only individual(s) authorized to use the Quest Credit Union Visa Check Card and that the use of the Quest Visa Check Card signifies an agreement to the terms and conditions set forth in the Disclosure Statement and Cardholder Agreement. I/we also understand that the information above may be used to obtain a credit report.

X

APPLICANT'S SIGNATURE DATE

JOINT APPLICANT

Visa Check Card will access the following accounts:
☐ CHECKING ☐ SAVINGS

MOTHER'S MAIDEN NAME (for security purposes)

I/we understand that I/we am/are the only individual(s) authorized to use the Quest Credit Union Visa Check Card and that the use of the Quest Visa Check Card signifies an agreement to the terms and conditions set forth in the Disclosure Statement and Cardholder Agreement. I/we also understand that the information above may be used to obtain a credit report.

X

JOINT APPLICANT'S SIGNATURE DATE

4 REGISTER FOR ESTATEMENTS

☐ ENROLL – Register for electronic statement delivery.

I hereby authorize Quest Credit Union to deliver all monthly or quarterly account statements to me by electronic means. I understand that Quest will notify me by e-mail when my statements are available for viewing over a secure website. I also understand that I will not receive paper statements via postal delivery unless I request, in writing, to discontinue electronic statements. I also agree to receive account notification changes and policy changes for E-Statements electronically. I understand that it is my responsibility to alert Quest Credit Union of any change to my e-mail address.

E-MAIL ADDRESS FOR STATEMENT DELIVERY

X

APPLICANT'S SIGNATURE DATE

5 OVERDRAFT PATH AUTHORIZATION

In the event of an Overdraft on my account, I hereby authorize Quest Credit Union to:

☐ Transfer money from my savings account, suffix 01.
☐ Transfer money from my savings account, suffix 05.
☐ Transfer money from my Visa Credit Card.
☐ Custom (please see Overdraft Path Authorization Application).

☐ I do not wish to participate in the Quest Credit Union Overdraft Path Authorization. Please do not apply this service to my account.

6 OVERDRAFT PRIVILEGE OPT OUT

☐ I do not wish to participate in the Quest Credit Union Overdraft Privilege. Please do not apply this service to my account.

7 SIGNATURES

APPLICANT

The information on this application is correct to the best of my knowledge. I understand that Quest will retain this application whether or not it is approved. Quest is hereby authorized to check my credit and employment history for the sole purpose of this application.

If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address, or employment within a reasonable time thereafter.

You also promise that everything you have stated in this application is correct to the best of your knowledge and that

X

APPLICANT'S SIGNATURE DATE

JOINT-APPLICANT

the above information is a complete listing of all your debts and obligations. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on account applications made to Federal Credit Unions or State Chartered Credit Unions insured by NCUA.

X

JOINT APPLICANT'S SIGNATURE DATE

FOR CREDIT UNION USE ONLY

OFFICE REPORT
☐ CHEX SYSTEMS
☐ CREDIT REPORT

CHECKING ACCOUNT
☐ IDEAL
☐ INTEREST
☐ FREE

SAVINGS ACCOUNT
☐ REGULAR
☐ HIGH YIELD
☐ X-MAS CLUB
☐ OTHER _____

VISA CHECK CARD
APPLICANT ☐ iPIC ☐ PHOTO ID ☐ REGULAR ☐ MINI PHOTO REF._____ DATE_____
JOINT ☐ iPIC ☐ PHOTO ID ☐ REGULAR ☐ MINI PHOTO REF._____ EMP_____

☐ **SEND EMPLOYER PARTNER INFO TO BUSINESS DEVELOPMENT REP., IF APPLICABLE.**