



1234 WEST CHISHOLM STREET  
ALPENA, MICHIGAN 49707  
989-354-4698 1-888-554-5944  
www.hpccu.com

## MEMBER AGREEMENT FOR A PRIVILEGED SHARED DRAFT ACCOUNT

### Member Information

Account Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Joint Owner Name: \_\_\_\_\_

Joint Owner Driver's License Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

1. I hereby request to participate in the Share Draft Program at H.P.C. Credit Union. I understand that the Credit Union reserves the right to close the draft account at any given time. A Credit Report will be run for each Share Draft Applicant.
2. I agree to deposit money in my Share Draft account upon delivery of my initial supply of Share Drafts and continue to maintain a balance sufficient to pay all Share Drafts that I write.
3. I have given the Credit Union printing instructions for my Share Drafts as follows:

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Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever had a Share Draft account with H.P.C. Credit Union before? Yes \_\_\_\_\_ No \_\_\_\_\_

### Credit Committee

\_\_\_\_ We approve the application as submitted

\_\_\_\_ We reject the application as submitted

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_