



Arizona HERITAGE Credit Union
 2402 W. Grant Street Phoenix, AZ 85009
 Phone: 602.258.8669 FAX: 602.258.9559

Checking/ATM/Debit Application

Arizona Heritage Credit Union reserves the right to approve or disapprove an applicant based solely on credit/checking history.

- Enhanced Checking *Initial \$20.00 deposit required*
 Business Checking *initial \$100.00 deposit required*
 Basic Checking *initial \$20.00 deposit required*
 _____ *Member Initials* Open Basic Checking if I do not qualify for other accounts
 Visa® Debit /ATM Card
 ATM Card only
 ATM Card - Shares only
 Overdraft Protection \$ _____

Please Print

APPLICANT'S INFORMATION

Name _____
 Present Address _____ How Long? _____
 City _____ State _____ Zip _____
 Employer Name and Address _____
 _____ Monthly Income _____

Member Account # _____
 Date of Birth _____
 Driver's License # _____
 Social Security # _____
 Home phone _____
 Business phone _____
 Cell phone _____
 Pager _____
 E-mail address _____

JOINT APPLICANT'S INFORMATION

must be Joint Owner on Primary Share Account

Name _____
 Present Address _____ How Long? _____
 City _____ State _____ Zip _____
 Employer Name and Address _____
 _____ Monthly Income _____

Date of Birth _____
 Driver's License # _____
 Social Security # _____
 Home phone _____
 Business phone _____
 Cell phone _____
 Pager _____
 E-mail address _____

OVERDRAFT PROTECTION - an application may be required for line of credit loan approval

Directions: In the event that any of the undersigned writes a check which would result in this Checking Account being overdrawn, the check(s) presented constitute a signed request for one of the following:

- Please check one box only** Transfer from:
 Regular Share then Overdraft protection loan
 Overdraft protection loan only
 Overdraft protection loan then Regular Share
 No protection
 Regular Share only

I/We hereby authorize Arizona Heritage Credit Union to establish a checking account, issue a VISA® debit or ATM cash card, issue a personal identification number for that card. I/We also request access to my/our overdraft (when establishing for overdraft protection).

By signing, I/we certify the above information is true to the best of my/our knowledge and I/we hereby make application for the service(s) identified above. I/We acknowledge receipt of account terms, conditions and disclosures. I/We agree to the terms and conditions of any account that I/we have in the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time. I/We understand that application for accounts that come with the VISA® debit card are subject to approval based upon applicable credit standards including, but not limited to, credit and checking account rating reports.

APPLICANT'S SIGNATURE _____ DATE _____

JOINT APPLICANT'S SIGNATURE _____ DATE _____

For Office Use Only

Enhanced Checking
 Business Checking
 Basic Checking
 Line of Credit \$ _____
 Visa® Debit /ATM Card
 ATM Card only
 ATM Card - Shares only
 Opened by _____ Date _____ Approved/Denied by _____ Date _____
 Comments _____ ISAAC Score _____