

**FEES & CHARGES**  
As of 07/10

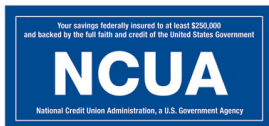
**Healthcare Plus Federal Credit Union**  
**Member Application & Agreement**

**Member Application**

ATM/Debit Card Fee	\$3.00/card
ATM/Debit Card Replacement	\$2.00/card
ATM Monthly Fee	\$1.00/month
<i>This fee could be waived if 2+ services are used in addition to the regular share account.</i>	
Account Reconciliation Fee	\$10.00/hr
Cashier's Check Fee	\$3.00/ item
Check Cashing Fee	\$2.00/item
<i>unless \$25.00 balance or 2 services used</i>	
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
<i>To a lower rate</i>	
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 ACH	\$10.00/item
deposited or applied toward loan	
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	\$15.00/item
UCC Fee	\$30.00
Unauthorized Item Return Fee	\$15.00/item
VISA Gift Card	\$2.50/card
VISA Credit Card Replacement	\$2.00/card
VISA reloadable Card	\$2.50/card
Wire Transfer Fee (Domestic)	\$10.00/trans.
Wire Transfer Fee (International)	\$45.00/ transfer

**Safe Deposit Boxes:**

3x10	\$30.00/year
5x10	\$60.00/year
10x10	\$90.00/year
\$50 security deposit.	



Backup withholding certification-check box (A) if true or (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 notified 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 States; 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: \_\_\_\_\_ Date: \_\_\_\_\_ Member Signature: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Joint Owner or POD (circle one) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Member Signature: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Signature: \_\_\_\_\_ Relation: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Signature: \_\_\_\_\_ Relation: \_\_\_\_\_

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: \_\_\_\_\_ DL#: \_\_\_\_\_

Signatures & Certifications: \_\_\_\_\_ Drive's Lic. Copy: \_\_\_\_\_

For Office Use Only  
Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**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](http://www.hcpfcu.coop)