

FEES & SERVICES
As of 12/18



Member Application & Agreement

ACH Fee, one time	\$15.00
ACH origination returned	\$10.00/item <i>deposited or applied toward loan</i>
ATM/Debit Card Fee	\$5.00/card
ATM/Debit & VISA Card Replacement	\$10.00/card
Account Reconciliation Fee	\$20.00/hr
Cashier's Check Fee	\$3.00/ item
Draft Copy Fee	\$2.00/copy
Certificate Early Redemption Penalty	30-60 day penalty dependent upon term of certificate
Deferral Request Fee	\$20.00
Fax (incoming/outgoing)	\$1.00/fax
Foreign ATM Fee	\$2.00/trans
Inactive Account	\$2.00/month
In house Refinance Fee	\$50.00
IRA Fee	\$10.00/year
Lien Fee	\$15.00
Loan Application Fee	\$25.00
Money Order Fee	\$2.00/item
Multiple Advance Fee	\$10.00
Overdraft Item Fee	\$25.00/item
Overdraft Auto Transfer Fee	\$3.00/transfer
Photocopy Fee	\$.05 per copy
Regulation D Violation	\$25.00/item
Returned Check	\$10.00/item <i>deposited or applied toward loan</i>
Returned Item Fee	\$25.00/item
Returned Statement Fee	\$5.00
Statement History Fee	\$5.00/ inquiry
Checking Stop Payment Fee	\$25.00/item
UCC Fee	\$30.00
VISA Balance Transfer	FREE
VISA Gift Card	\$5.00/card
VISA TravelMoney Card	\$5.00/card <i>reload Travel Money Card \$2.00/time</i>
Wire Transfer Fee (Domestic)	\$15.00/trans.
Wire Transfer Fee (International)	\$45.00/ transfer
Safe Deposit Boxes:	
3x10	\$20.00/year
5x10	\$30.00/year
10x10	\$40.00/year
\$50 security deposit	

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: _____ Drive's Lic. Copy: _____
 Signatures & Certifications: _____ DL# : _____
 Backup withholding certification-check box (A) if true of (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.
X Member Signature: _____ **Date:** _____
 If Joint Owner or POD complete appropriate section(s) below:
X Joint Owner (print name): _____
 Please Check One: _____ Joint Account with Rights of Survivorship _____ Joint Account without Rights of Survivorship
X Joint Owner (print name): _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 SS#: _____ DOB: _____ Relationship: _____
X Joint Owner Signature: _____ **Date:** _____
POD (Beneficiary) Print Name: _____
 Address: _____ SS#: _____ DOB: _____
 City: _____ State: _____ Zip Code: _____

For Office Use Only
 Application Approved By: _____ Date: _____

(initials) I am aware, to satisfy the US Patriot Act, federal regulations require all financial institutions to run an OFAC (Office of Foreign Assets Control) check on all new members. This allows the government to review and potentially track illegal activity. Non-expired Government issued photo id, or alternative documents, are required to verify members identity.

Member Application

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

