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MONEY MANAGEMENT Checking Account Agreement

ACCOUNT OWNER					
Last Name		First Name		Middle Initial	Suffix (Sr., Jr., III)
Member Number	Account Title (If Different from above such as DBA; Estate of...)			SSN or EIN	
Street Address				Date of Birth	
City		State	Zip	Occupation, profession or business	Employee ID#
Mailing address (if different):					
City				State	Zip
Identity verification method: <input type="checkbox"/> Drivers License/ State ID <input type="checkbox"/> US Military ID <input type="checkbox"/> Other _____ Issued by: _____ Number: _____ Expiration: _____				Service Requested <input type="checkbox"/> ATM/Debit Card <input type="checkbox"/> Direct Deposit	
Home Phone	Work Phone	Cell Phone	Email		Check Approval
JOINT OWNER or OTHER AUTHORIZED USER					
Last Name		First Name		Middle Initial	Suffix (Sr., Jr., III)
Member Number	Account Title (If Different from above such as DBA; Estate of...)			SSN or EIN	
Street Address				Date of Birth	
City		State	Zip	Occupation, profession or business	Employee ID#
Mailing address (if different):					
City				State	Zip
Identity verification method: <input type="checkbox"/> Drivers License/ State ID <input type="checkbox"/> US Military ID <input type="checkbox"/> Other _____ Issued by: _____ Number: _____ Expiration: _____				Service Requested <input type="checkbox"/> ATM/Debit Card <input type="checkbox"/> Direct Deposit	
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City				State	Zip
Identity verification method: <input type="checkbox"/> Drivers License/ State ID <input type="checkbox"/> US Military ID <input type="checkbox"/> Other _____ Issued by: _____ Number: _____ Expiration: _____				Service Requested <input type="checkbox"/> ATM/Debit Card <input type="checkbox"/> Direct Deposit	
Home Phone	Work Phone	Cell Phone	Email		Check Approval

AGREEMENT TERMS

I hereby authorize Palmetto Health Credit Union (Credit Union) to establish an account for me known as a Money Management Checking Account (Checking) and acknowledge this agreement is made in addition to my PHCU Account Card/Membership Account and Services Application (Account Card), as amended. Each applicant, authorized user or other party signing below (together herein referred to as "applicant(s)") hereby makes application for the checking account and agrees to conform to the

