

Suncoast Smart Checking

As a member of Suncoast Schools Federal Credit Union, you have access to financial services that will improve your life. And there is no better way to manage your day-to-day finances than with Suncoast Smart Checking. This free account offers state-of-the-art features including:

- Free Suncoast Exclusive checks (one box per year)
- Free Suncoast for Schools Rewards Check Card featuring ScoreCard® Rewards Bonus Points
- No monthly service fees
- No per check charges
- No minimum balance requirements
- Unlimited check writing
- Free overdraft protection
- Free access over the phone, in branches, at ATMs, point-of-sale and online
- Free online banking
- Free online bill pay service
- Free direct deposit and payroll deduction
- Low opening deposit required

Suncoast for Schools Rewards Check Card - now featuring ScoreCard® Rewards and free money for local students

Use this check card instead of checks at thousands of participating merchants to make purchases; including service stations, supermarkets, retailers and even online.

Free Money for Local Schools

Every time you make a purchase with your Suncoast for Schools Rewards Check Card and sign for the purchase instead of entering your PIN, Suncoast donates money to schools in your county.

It's Easy!

To expedite your request, follow the checklist below:

1. Complete the following forms (on reverse side):

- Checking Account Application
- Joint Applicant Information (required for each joint owner)
- Signature Card (**mailed in forms require notary**)

2. Mail these forms along with the following items to the address listed below:

- Clear photocopy of unexpired government issued photo ID (driver license, military picture ID, or passport)
- Include a check for at least \$25 for your opening deposit payable to SSFCU or you may transfer funds from an existing account. Please indicate transfer information on the Checking Account Application.

Suncoast Schools Federal Credit Union
Attn: New Accts/Member Service Support
Mail Code: MSS 001
P. O. Box 11904
Tampa, FL 33680

OR

Visit any Suncoast Service Center and a Member Financial Associate will be happy to assist you.



ScoreCard® Rewards Bonus Points

Every time you use your check card for purchases, you earn bonus points. Simply sign for your purchase (instead of entering your PIN) and you will receive one point for every \$3 in net purchases. To redeem points and learn more, visit scorecardrewards.com.

ATM Access to your Suncoast Accounts

Your check card is also an ATM card. Make up to \$420 in withdrawals per day (\$220 per day for the first six months following opening a new account), transfer funds between your accounts and make unlimited inquiries. You can also make deposits at designated ATMs.

Manage Your Account Online, for Free

With SunNet Online Banking, it's safe, fast and easy to manage your finances from anywhere you have internet access -- 24 hours a day, seven days a week.

Overdraft Protection

Eliminate the embarrassment and fees of nonsufficient funds (NSF) checks or pre-authorized payments with free overdraft protection. Just link your savings account, line of credit or Suncoast credit card to your checking account and funds will be transferred automatically to cover the overdrawn check or payment.

Overdraft Privilege Program

Overdraft Privilege is a program tied to Suncoast Smart Checking which provides eligible members with the additional security of knowing overdrafts will be paid.

Simple Record Keeping

A detailed description will appear on your monthly statement, which you can choose to receive in the mail or electronically with eStatements.

For account information or information on credit union services, call the Members Contact Center at (813) 621-7511 or (800) 999-5887 or visit www.suncoastfcu.org



SMART CHECKING



Suncoast Schools Federal Credit Union
WHERE SMART PEOPLE KEEP THEIR MONEY.

CHECKING ACCOUNT APPLICATION

(Please fill out each section in its entirety. Disregard Joint Section if you have no joint owner.)

CHECKING ACCOUNT APPLICATION	Owner Full Name _____	Member # _____ - _____
	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U.S. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	SSN _____
	Mailing Address _____	Date _____
	City _____ State _____ Zip _____ County _____	Date of Birth _____
	Physical Address (if different from mailing address) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____	Applicant's Birth Place _____
	City _____ State _____ Zip _____ County _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	E-mail Address _____	Home Phone (_____) _____
	Employer _____ Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone (_____) _____
	Employer Address _____	Cell Phone (_____) _____
	City _____ State _____ Zip _____ County _____	Length of Employment: _____ yrs. _____ mos.
Occupation _____	Driver's License No. _____	
Salary Range <input type="checkbox"/> \$0 - \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$75,000 <input type="checkbox"/> \$75,001+	Expiration Date _____	
Name of Relative Not Living With You _____	Mother's Maiden Name _____	
Address _____	Relationship _____	
City _____ State _____ Zip _____	Phone Number (_____) _____	
Opening Deposit (\$25 Minimum Required): Cash/Check \$ _____ Transfer \$ _____ From Account # _____ Suffix _____		

JOINT APPLICANT INFORMATION	Full Name _____	Member # _____ - _____
	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U.S. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	SSN _____
	Mailing Address _____	Date _____
	City _____ State _____ Zip _____ County _____	Date of Birth _____
	Physical Address (if different from mailing address) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____	Applicant's Birth Place _____
	City _____ State _____ Zip _____ County _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	E-mail Address _____	Home Phone (_____) _____
	Employer _____ Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone (_____) _____
	Employer Address _____	Cell Phone (_____) _____
	City _____ State _____ Zip _____ County _____	Length of Employment: _____ yrs. _____ mos.
Occupation _____	Driver's License No. _____	
Salary Range <input type="checkbox"/> \$0 - \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$75,000 <input type="checkbox"/> \$75,001+	Expiration Date _____	
Mother's Maiden Name _____		

SIGNATURE CARD FOR CHECKING ACCOUNT

(All mail-in applications require notary.)
Refer to the checklist under "It's Easy!" on reverse side

Member # _____ - _____	
Account Ownership:	
<input type="checkbox"/> Single Party Account	<input type="checkbox"/> Multiple Parties with Survivorship rights
<input type="checkbox"/> Trust Account	(Tenancy by the Entirety applies to husband and wife only)
Owner Full Name _____	Birthdate _____ SSN _____
<input type="checkbox"/> I request a Suncoast for Schools Rewards Check Card to access the above account subject to the terms of the ATM/Check Card Disclosure Agreement.	
Joint Owner Full Name _____	Birthdate _____ SSN _____
<input type="checkbox"/> I request a Suncoast for Schools Rewards Check Card to access the above account subject to the terms of the ATM/Check Card Disclosure Agreement.	
OVERDRAFT PROTECTION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Access to: Savings <input type="checkbox"/> YES <input type="checkbox"/> NO / VISA Credit Card <input type="checkbox"/> YES <input type="checkbox"/> NO / Personal Line of Credit <input type="checkbox"/> YES <input type="checkbox"/> NO / Equity Line of Credit <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> I do not elect Overdraft Protection at this time. Initial _____	

IN THIS AGREEMENT, THE WORDS "YOU" AND "YOUR" REFER TO PERSON(S) SIGNING THIS AGREEMENT, THE WORDS "WE," "OUR," AND "US" REFER TO SUNCOAST SCHOOLS FEDERAL CREDIT UNION.

YOU AGREE THAT WRITING A CHECK FOR MORE THAN YOUR AVAILABLE BALANCE SHALL CONSTITUTE A REQUEST FOR A TRANSFER FROM YOUR REGULAR SHARE (SAVINGS) ACCOUNT, PERSONAL LINE OF CREDIT, EQUITY LINE OF CREDIT OR SUNCOAST CREDIT CARD IN THIS ORDER LISTED BELOW, UNLESS OTHERWISE INSTRUCTED.

TRANSFERS SHALL BE MADE IN INCREMENTS OF \$100 OR THE AVAILABLE BALANCE. WE SHALL NOT BE LIABLE FOR FAILURE TO MAKE A TRANSFER TO COVER A CHECK. EACH MONTH WE SHALL PROVIDE YOU WITH A CHECKING ACCOUNT STATEMENT WHICH SHALL DISCLOSE ANY TRANSFERS MADE TO COVER CHECKS. TRANSFERS MAY NOT BE MADE FROM A REGULAR SHARE ACCOUNT IF A PLEDGE, GARNISHMENT, OR OTHER HOLD HAS BEEN PLACED AGAINST THE ACCOUNT.

IF YOU SELECTED EITHER A PERSONAL LINE, EQUITY LINE ACCOUNT, OR SUNCOAST CREDIT CARD TO BE A BACKUP ACCOUNT, ANY LOAN ADVANCE MADE TO COVER AN OVERDRAFT SHALL BE SUBJECT TO THE SAME TERMS, CONDITIONS AND DISCLOSURES THAT WERE PROVIDED TO YOU WHEN YOU OPENED YOUR LINE OF CREDIT ACCOUNT WITH US. A TRANSFER WILL NOT BE MADE FROM AN ACCOUNT IF THAT ACCOUNT IS DELINQUENT, OR IF THE LINE OF CREDIT OR SUNCOAST CREDIT CARD HAS BEEN TERMINATED, OR IF THE TRANSFER WOULD EXCEED YOUR MAXIMUM CREDIT LIMIT FOR THAT ACCOUNT.

THIS AGREEMENT IS GOVERNED BY THE LAWS OF THE STATE OF FLORIDA.

YOU ACKNOWLEDGE RECEIPT OF "ACCOUNT AGREEMENT AND DISCLOSURE" FOR THIS ACCOUNT. BY SIGNING BELOW, YOU AGREE TO ACCEPT THE TERMS AND CONDITIONS IN THE AGREEMENT AND TO CONFORM TO THE BYLAWS OF THE CREDIT UNION. YOU AGREE THAT, AS PERMISSIBLE BY LAW, THE CREDIT UNION MAY AMEND THIS AGREEMENT AND BYLAWS. YOUR SIGNATURE ACKNOWLEDGES APPLICATION AND ELIGIBILITY TO BECOME A MEMBER. ACCOUNTS OPENED BY MAIL WILL RECEIVE "ACCOUNT AGREEMENT AND DISCLOSURE" 10 DAYS AFTER THE DATE OF INITIAL DEPOSIT.

THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION SET FORTH ON THIS CHECKING APPLICATION IS ACCURATE, TRUE AND CORRECT. IT IS AGREED AND UNDERSTOOD THAT, IN THE EVENT ANY OF THE FOREGOING IS INACCURATE, SUNCOAST SCHOOLS FEDERAL CREDIT UNION RESERVES THE RIGHT, IN ITS SOLE DISCRETION, TO CLOSE ANY AND ALL APPLICABLE MEMBERSHIP(S) OR ACCOUNT(S) IN ACCORDANCE WITH ITS POLICIES AND GUIDELINES.

IN CONSIDERING YOUR REQUEST FOR ANY SERVICE, SUNCOAST SCHOOLS FEDERAL CREDIT UNION MAY OBTAIN A CREDIT REPORT.

Owner Signature _____	Date _____
Joint Owner Signature _____	Date _____

NOTARY	State of _____ County of _____	
	The foregoing instrument was acknowledged before me this _____ day of _____, 20____,	
	by _____,	
	_____ who has produced _____ as ID.	
	_____ Notary Public	

FOR INTERNAL USE ONLY	
<input type="checkbox"/> New <input type="checkbox"/> Re-Open <input type="checkbox"/> Replacement	Date Received _____ <input type="checkbox"/> By Mail <input type="checkbox"/> In Person Processor _____ Service Center _____