

- (j) Checking account balances may not be used as collateral security for any loan. Any funds desired as security must be transferred to a regular or other special savings account.
- (k) The use of the checking account is subject to such other terms, conditions and requirements as the credit union may establish from time to time.
- (l) Any and all owners of this account understand and agree that the Horizons Federal Credit Union may exercise a right of setoff and its statutory lien and apply any and all funds deposited in this account against any and all matured debts owed by any and all owners of this account to the credit union.
- (m) Horizons Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now on deposit in the account, or heretofore or hereafter deposited in the account by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment.
- (n) The right of authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them, except by written notice to the credit union which shall not affect transactions theretofore made.
- (o) We agree that notice to one of us regarding this account constitutes notice to all account holders.

Order form and Agreement for

# Checking Accounts



## Full Service Locations

120 Main St. • Binghamton, NY 13905

Hours: 9:00-5:00 Monday, Tuesday, Wednesday and Friday  
 Thursday 9:00-6:00 • Saturday 9:00-12:00 Noon  
 Drive-up: Open 8:30 Monday - Friday

### Endicott

141 Washington Ave. • Endicott, NY 13760

Hours: 8:30-4:00 Monday, Tuesday, and Wednesday  
 Thursday and Friday 8:30-5:30

### Vestal

3701 Vestal Parkway East • Campus Plaza • Vestal, NY 13850

Hours: 9:00-4:00 Monday, Tuesday, and Wednesday  
 Thursday and Friday 9:00-5:30  
 Drive Up: 8:30-5:00 Monday -Wednesday  
 Thursday and Friday 8:30-5:30

**Phone (607) 724-5876 • Fax (607) 724-0613**

**Email: [info@horizonsfcu.com](mailto:info@horizonsfcu.com)**

**Telephone Teller: (607) 771-6845**

*Mailing address for all offices:*

P.O. Box 1881 • Binghamton, NY 13902-1881

**HORIZONS**  
**FEDERAL CREDIT UNION**

120 Main St., Binghamton, NY 13905

141 Washington Ave., Endicott, NY 13760

Campus Plaza 3701 Vestal Parkway East, Vestal NY 13850

(607) 724- 5876 • [www.horizonsfcu.com](http://www.horizonsfcu.com)

## IMPRINTING YOUR NEW CHECKS/SHARE DRAFTS

Please print and complete this form and mail it to the address below. Print your name street address, city, state and zip code. If you wish you may also add such information as your telephone number (include area code), social security number or driver's license number.

Name: \_\_\_\_\_

2nd Name: \_\_\_\_\_

3rd Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Other Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/WE HEREBY AGREE TO THE TERMS OF THIS CHECKING ACCOUNT. (ALL AUTHORIZED USERS OF THE CHECKING ACCOUNT MUST SIGN AND DATE THIS AGREEMENT).

\_\_\_\_\_  
Primary Member Signature                      Date

\_\_\_\_\_  
Joint Signature                                      Date

\_\_\_\_\_  
Joint Signature                                      Date

Overdraft Protection is available for checking accounts. Please indicate below if you are interested, and we'll be happy to mail you a line of credit application.

- Yes, I am interested.  
 No, I am not interested at this time.

**REMINDER:** If more than one person will be using the checking account and a Line of Credit is requested, all must sign the checking and loan agreement.

## Horizons Federal Credit Union Checking Account/Share Draft Agreement

I/We hereby authorize Horizons Federal Credit Union to establish a checking account for me/us. The credit union is authorized to pay checks signed by me, or anyone whose signature appears on this agreement and to charge the payments against the checking account.

It is agreed that:

- (a) Only checking forms and other methods approved by the credit union may be used to withdraw funds from the checking account.
- (b) The credit union is under no obligation to pay a check, which exceeds the balance in the checking account.
- (c) If checks are written for funds in excess of the checking account balance and I/We have a Line of Credit Open End Loan Account, funds may be transferred to the checking account to pay the checks, and the amount transferred will be added to the Line of Credit balance.
- (d) If checks are written for funds in excess of the checking account balance and there is no Line of Credit available, the credit union may transfer funds from my/our regular savings account up to a total of six (6) times a month to correct the deficiency in the checking account.
- (e) Postdated and Statedated Drafts. We may pay any draft without regard to its date unless you notify us of a postdating. The notice must be given to us in time so that we can notify our employees and reasonably act upon the notice and must accurately describe the draft including the exact number, date, and amount. You understand that the exact information is necessary for the Credit Union's computer to identify the draft. We are not responsible if you give us an incorrect or incomplete description, or untimely notice. You may make an oral notice, which lapses in fourteen (14) calendar days unless confirmed in writing. A written notice is effective for six (6) months and may be renewed in writing from time to time. You agree not to deposit checks, drafts, or other items before they are properly payable. We are not obligated to pay any check or draft drawn on your account, which is presented more than six (6) months past its date.
- (f) Except for negligence, the credit union is not liable for any action it takes regarding payment or non-payment of a check.
- (g) If you believe an error has been made, call or write the credit union as soon as you can. If you need more information about a transaction on your statement, we must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared.
- (h) All non-cash payments received will be credited subject to final payment and federal regulations.
- (i) The checking account shall be subject to service charges in accordance with the fee schedules. See disclosure for details.