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Branch Office: 150 S. Ripley Blvd. • Alpena, MI 49707

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Member Agreement For A Privileged Share Draft Account

Member Information

Account Number: _____

Date of Birth: _____

Name: _____

Driver's License Number: _____

Joint Owner Name: _____

Joint Owner Driver's License Number: _____

Current Address: _____

Home Phone Number: _____

1. I hereby request to participate in the Share Draft Program at H.P.C. Credit Union. I understand that the Credit Union reserves the right to close the draft account at any given time. A Credit Report will be run for each Share Draft Applicant.
2. I agree to deposit money in my Share Draft account upon delivery of my initial supply of Share Drafts and continue to maintain a balance sufficient to pay all Share Drafts that I write.
3. I have given the Credit Union printing instructions for my Share Drafts as follows:

Signature: _____

Phone Number: _____ Date: _____

Have you ever had a Share Draft account with H.P.C. Credit Union before? Yes _____ No _____
MSR _____

Credit Committee

____ We approve the application as submitted

____ We reject the application as submitted

Signature: _____ Date: _____

Signature: _____ Date: _____