



Heritage Family

FEDERAL CREDIT UNION

888.252.8932 • www.hfcuvt.com

APPLICATION FOR A
CREDIT UNION SHARE DRAFT ACCOUNT
(CHECKING ACCOUNT)

PLEASE PRINT CLEARLY

FOR CREDIT UNION USE ONLY		
DATE	_____	
NEW / CHANGE	_____	
EMP INIT	_____	
DD	YES	NO
NCPS#	_____	
NCPS#	_____	
APPROVED / DENIED	_____	
CR LMT	_____	
LN OFR	_____	

Member Name: _____
Last First Initial

Account Number: _____

- Please complete and sign the attached Membership Application.
- Would you like an ATM /Check Card with your Share Draft Account? Yes No
Please complete and sign the attached ATM/Check Card Application Form.
- Should you be accepted to this program, please indicate below the information you would like printed on your drafts (checks).

Name: _____

2nd Name(opt.): _____

Street Address: _____

City, State, Zip Code: _____

Special Instructions: _____
(optional ex.-phone, SS#, etc.)

- Upon completion of this entire package, please return it to our office.
- Minimum deposit of \$22.00 required at time of application.
- Please allow a minimum of two (2) weeks from the date of application to the date your drafts are received.

* You are responsible to report any changes, including but not limited to, changes in residence, employment, income and debts.

THANK YOU!