

## "You Name It" Account Agreement

Account #:

Date:

Member Name:

I hereby request the NIH Federal Credit Union to open a "You Name It" Account. I agree to be bound by the terms and conditions of this account as identified below. Account restrictions are subject to change.

1. \$5.00 is the minimum balance requirement.
2. This account will pay dividends at a rate set by the NIH Federal Credit Union, compounded and posted monthly. Dividends will be paid from day of deposit to day of withdrawal.
3. The account summary will appear on quarterly account statements.
4. There are no deposit restrictions on this account relating to the frequency of deposits or the manner in which they are to be made.
5. All funds in this account will be released to the member upon termination of the account providing there are no fees, delinquent loans or other monies due the Credit Union.

Please transfer \$  from the below account to open my "You Name It" Account. (\$5.00 minimum to open)

Savings-Suffix:

Checking-Suffix:

Other-Suffix:

**X**

Member Signature

Date

ID Type:

ID Number:

Expiration Date:

**X**

NIHFCU Associate Signature

Date

NIHFCU Associate Print Name

To submit, please fax or mail completed and signed form along with any requested support documentation to:

**NIHFCU Attention: Operations Department**

Fax: **301.770.5372**

Mail: **P.O. Box 6475 Rockville, MD 20849-6475**

Or, you may drop this form off at any NIHFCU branch location