

# STAR USA FEDERAL CREDIT UNION

## SHARE PLUS ACCOUNT AGREEMENT

Member's Name: \_\_\_\_\_

Account #: \_\_\_\_\_

SSN: \_\_\_\_\_

I hereby authorize the Credit Union to establish a SHARE PLUS account in my name. I agree to the following terms:

- ◆ There is a minimum balance of \$2,500.
- ◆ I will give the Credit Union at least thirty (30) days written notice prior to withdrawal.
- ◆ The notice will contain the amount of withdrawal and address to be mailed if not, picked up.
- ◆ Failure to give thirty (30) days written notice will result in a penalty of forfeiture of thirty (30) days interest on the amount of withdrawal.
- ◆ Funds will be released without penalty only with thirty (30) days written notice. The thirty (30) days begins from the day the Credit Union receives the notice.
- ◆ Requests may not be cancelled. Funds will be released on disbursement date.

**I understand, agree and will abide by the above Credit Union policies.**

I authorize the Credit Union to transfer \$ \_\_\_\_\_ from my regular share account to my SHARE PLUS account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Toll Free....1-800-628-2120  
Charleston.....304-357-2319  
Huntington....304-697-4900  
Beckley.....304-256-7154  
Teays Valley....304-757-3231  
St. Albans.....304-727-2981  
UKV.....304-595-3900  
WWW.STAR.COOP

