



## Valued Services

Please check if you want the following services:

**Starter Package** offers the following:

- Payroll Deduction** – I want money deposited to my savings account every payday. Pickup form at HR office.
- ATM Cash Card** – I want access to my share savings account so I can withdraw cash at ATMs worldwide, 24 hours a day up to \$200 a day. No annual fee for card and free ATM withdrawals on the Instant Cash Network. Other ATM networks there is a \$1 charge by the credit union and subject to surcharges by the ATM owner.  
**Minimum \$25 deposit to savings to obtain card.**
- Online Banking** – I want free online access to my account balance, transaction history and the ability to transfer funds, apply for a loan and more, from my home or office computer. I will log on at [www.torofcu.org](http://www.torofcu.org) after my account is open and I receive my account number.
- Personal Line of Credit Loan** – I want funds available to me when I need it for any purpose by just calling and you will mail me a check. Opened on-approved credit. \$10 annual service fee.

**Checking Package**

- Check here for a checking account and we will mail you an application or you can pick one up at your HR office.

**Home Package** offers the following:

- First Mortgage** with competitive rates and closing costs.
- Checking Account** so I can deduct my mortgage payment so I don't have to worry about ever missing a payment.
- Home Equity Line of Credit** as long as we're doing the title work, let's set up line of \$\_\_\_\_\_ as there will be reduced setup costs if we do it now and I will receive my free equity line checkbook.

### PAYABLE ON DEATH (POD) DESIGNATION OF BENEFICIARY (OPTIONAL)

The below named person(s) is designated as the beneficiary on this account:

Beneficiary \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relation to Member \_\_\_\_\_

Complete Address \_\_\_\_\_

Beneficiary \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relation to Member \_\_\_\_\_

Complete Address \_\_\_\_\_

IF YOU LIVE IN A COMMUNITY PROPERTY STATE (AZ, CA, ID LA, NM, NV, TX, WA, WI) AND DESIGNATES A BENEFICIARY OTHER THAN HIS/HER SPOUSE, THE SPOUSE MUST CONSENT TO THE DESIGNATION:

SIGNATURE OF SPOUSE \_\_\_\_\_ DATE \_\_\_\_\_

### CREDIT UNION USE ONLY

- ACCOUNT OPENED BY \_\_\_\_\_ DATE \_\_\_\_\_
- APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_