



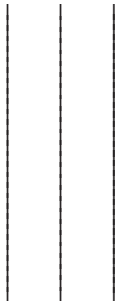
PLACE
STAMP
HERE

BRANCH LOCATIONS:

958 W. Monroe St., Jackson MI 49202
Phone: 517-787-2220 • Fax: 517-787-7082
3600 Cooper St, Jackson MI 49201
Phone: 517-796-0610 • Fax: 517-787-8557
2000 Curtis Rd., Adrian MI 49221
Phone: 517-266-1994 • Fax: 517-266-1944

AVAILABLE SERVICES:

- New & Used Auto Loans
- Home Equity Lines of Credit
- 2nd Mortgages
- VISA - Classic, Platinum and Gift Cards
- E-Statements
- Lines of Credit
- Recreational Vehicle Loans
- Overdraft Protection
- Debt Consolidation
- Free Checking
- Youth Accounts
- Platinum Plus Accounts
- Money Market Accounts
- Certificates of Deposit & IRA's
- 24 Hour Access Via: ATM, Personal Teller
Internet Banking & Bill Pay
- Money Orders & Travelers Checks
- Drive-Thru Service



South Central Credit Union
PO Box 27
Jackson, MI 49204-0027



Checking
Debit Card • ATM
Line of Credit



Real People.
Real Service.

www.southcentralcu.org

Take Advantage Of Easy Account Access

South Central Credit Union

APPLICATION FOR SERVICES:

- Checking
- ATM Card
- Debit Card
- Overdraft LOC
- Overdraft Transfer

CHECKING ACCOUNT

- No monthly maintenance fees
- Discounted or free checks for qualifying accounts
- Free online banking & internet bill pay
- Switch Kits to make moving to South Central easy

DEBIT MASTER CARD

- Access checking anywhere MasterCard is accepted
- Choose "CREDIT" to eliminate \$1 fee at merchants
- Great for online payments and internet shopping

CO-OP NETWORK ATM ACCESS

- Access to funds worldwide through Co-Op Network
- Up to six free ATM transactions per month*

LINE OF CREDIT

- Applying for a small line of credit can serve as an added layer of protection by preventing your account from becoming negative.

OVERDRAFT PRIVILEGE

- Qualifying accounts are eligible to receive overdraft protection. Accounts must be brought positive within 30 days.

Apply for your South Central Checking and Added Access Services Today!

*ATM access charges are based on your membership level which is determined by your account balances and/or the number of services you use at the credit union.

PRIMARY MEMBER NAME

ACCT NUMBER

STREET ADDRESS

CITY STATE ZIP

DATE OF BIRTH

SOCIAL SECURITY #

HOME PHONE CELL PHONE

EMPLOYER ANNUAL SALARY

WORK PHONE

E-MAIL ADDRESS

OWN OR RENT HOME MONTHLY PAYMENT?

JOINT MEMBER NAME

ACCT NUMBER

STREET ADDRESS

CITY STATE ZIP

DATE OF BIRTH

SOCIAL SECURITY #

HOME PHONE CELL PHONE

EMPLOYER ANNUAL SALARY

WORK PHONE

E-MAIL ADDRESS

OWN OR RENT HOME MONTHLY PAYMENT?

By signing below, I/We hereby make application for the services listed above. I/We agree to be bound to all of the terms and conditions governing these services as outlined in the South Central Credit Union's DISCLOSURE FOR ELECTRONIC FUNDS TRANSACTION document given to me at the at the time my account was opened. I/We understand that the credit union's decision to grant this request will be based on information provided on this application along with past history and information that may be obtained from a Consumer Credit Reporting Agency. I/We hereby authorize this credit union to obtain my consumer credit report for this purpose.

PRIMARY MEMBER'S SIGNATURE

JOINT MEMBER'S SIGNATURE

FOR CREDIT UNION USE ONLY

APPROVED

LIMITS:

STAFF INITIALS:

DENIED

REASON: