

# Share Draft Application

1st Gateway Credit Union  
PO Box 110  
Camanche, IA 52730  
(563)243-4121

New            Re-Open            Standard            1st Rate

Date				Account #			
Primary				Joint Owner			
SSN		DOB		SSN		DOB	
Address				Address			
City		State		City		State	
ZIP		Phone		ZIP		Phone	
DL#				DL#			
Account Ownership	Individual			Joint with right of survivorship		Joint without rights of survivorship	

## Account Designation

Beneficiary				Beneficiary			
Address				Address			
City		State	ZIP	City		State	ZIP
Relationship		SSN		Relationship		SSN	
Beneficiary				Beneficiary			
Address				Address			
City		State	ZIP	City		State	ZIP
Relationship		SSN		Relationship		SSN	

## Please make sure above information is correct before signing

### Standard Checking Sign Below

_____ Primary Owner Signature	_____ Date	_____ Joint Owner Signature	_____ Date
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## 1st Rate Checking Qualifications

I understand the following must be met monthly to qualify for the 1st Rate Checking:

- Minimum of 12 debit transactions. (Must be pin or point of sale transactions. ATM withdrawals excluded.)
- Must be enrolled in e-Statements
- Minimum average daily balance of \$500 or higher
- Direct Deposit for Payroll Deduction into your 1st Rate Checking.

**Failure to meet all of the above requirements will result in a lower interest rate.**

### 1st Rate Checking Sign Below

_____ Primary Owner Signature	_____ Date	_____ Joint Owner Signature	_____ Date
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### For Credit Union Use Only

Beacon (Primary)	Ofac Run Date	Standard Share Type (2)
Beacon (Joint)	Demographic Code (1)	1st Rate Share Type