

FUNDING ALLOCATION (Check all that apply)

ACCOUNT	AMOUNT
<input type="checkbox"/> Membership Savings:	\$ _____
<input type="checkbox"/> Secondary Savings:	\$ _____
<input type="checkbox"/> Accumulator Savings Plan:	\$ _____
<input type="checkbox"/> Super Reward Checking:	\$ _____
<input type="checkbox"/> Simply Free Checking:	\$ _____
<input type="checkbox"/> Provident Checking:	\$ _____
<input type="checkbox"/> Money Market Savings:	\$ _____
<input type="checkbox"/> Certificate:	\$ _____
<input type="checkbox"/> Health Savings Account:	\$ _____

Initial Deposit Requirements:

- New memberships require a minimum initial deposit of \$5 into your Membership Savings account. There's a \$5 minimum balance to maintain membership.
- Checking accounts require a minimum initial deposit of \$25 and must have funds on deposit if ordering checks.
- For all other accounts, see [rate sheet](#).

FUNDING SOURCE (Select one)

CREDIT OR DEBIT CARD (Maximum \$1,000.00)*

Card Number: _____

Card Type (MasterCard, Visa): _____

Card Expiry Date (MM/YYYY): _____

CVV Security Number: _____

Name on Card: _____

Billing Address: _____

* Authorized funding maximums may vary depending upon available credit. Credit card cash advance fees may apply. Please check with your credit card provider.

TRANSFER FUNDS FROM ANOTHER INSTITUTION (Maximum \$10,000.00)**

Two small trial deposits (less than \$1.00) will be made into the account from which you are funding your Provident accounts. To verify your trial deposits, follow these steps:

STEP 1: Log into your other financial institution account and look for two small deposit amounts.

STEP 2: For **current** Provident members: Sign on to online banking at providentcu.org and confirm the deposit amounts.

For **new** Provident members: Confirm the deposit amounts by signing back into your application using the email address and password you setup during the application process by clicking [here](#)

** Your account will be debited within two business days. Please note that your initial deposit will have a two business day hold with the exception of internal transfers.

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: Savings Checking

Name on Account: _____

SIGNATURE

I agree to fund the account using the above method.

* I authorize Provident Credit Union to charge the credit or debit card indicated in this authorization form and send credit entries to my account at Provident Credit Union. I certify that I am the primary cardholder or an authorized user of this credit or debit card and that the card is in good status with sufficient available funds. I further agree to not dispute the payment with my card company; so long as the transaction corresponds to the terms indicated in this form. I agree to pay the issuer of my credit or debit card for any fees and charges they may apply to this authorized transaction including but not limited to overdraft, cash advance or other fees per Issuer agreement or Terms & Conditions of use.

** I authorize Provident Credit Union to transfer funds at the financial institution indicated above, and send credit entries to my account at Provident. I agree to the terms and conditions as disclosed on the right. This transfer will be completed electronically and takes approximately two business days for the initial transfer to complete. I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of U.S. Law.

Faxed documents/signatures are considered as legally binding as original documents/signatures and shall be sufficient unless originals are required by a third party.

X

Signature

Date