

Share Draft/Checking Account Agreement

I/we agree that I/we will be responsible, individually and jointly, for any uncollected service charges, overdraft balances, Non-sufficient fund return check fees, and any other uncollected miscellaneous or overdraft charges associated with the account specified below as a result of checks or ACH Debits that, if posted, result in an overdrawn account situation. I also attest that I am a parent and/or legal guardian of the minor child listed below. I certify that I am signing this agreement with my full knowledge and without coercion. I agree to hold the Waterbury CT Teachers Federal Credit Union harmless for overdraft balances, service charges, NSF Fees or other miscellaneous charges except in the case of gross negligence on the part of Waterbury CT Teachers Federal Credit Union or its agents. This agreement is hereby made a part of and an addition to the Checking Account Agreement stipulated in the Account Information and Disclosures pamphlet. Numerous overdrafts will subject the account to closure for abuse at any time. **By signing below, I acknowledge that I have read this agreement and agree to the terms of the agreement.**

Member

Parent and/or Guardian

Account Number

Telephone Number

Signature

Signature

Date

Date

Email Address

Email Address

