



TRI-TOWN TEACHERS FEDERAL CREDIT UNION

“THE CARRIAGE HOUSE”
61 JESUP ROAD – P.O. BOX 5128
WESTPORT, CT 06881
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Telephone: 203 227-8511
Toll free: 877 315-8480
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STANDARD DISCLOSURE STATEMENT

SHARE DRAFT (CHECKING ACCOUNTS)

Share draft accounts in the Credit Union are subject to the requirements below and such other terms and conditions as contained in the Share Draft Agreement established by the Board of Directors.

The fees for use of this account are as follows:

FEE SCHEDULE

\$25 FOR EACH OVERDRAFT	\$15 FOR EACH STOP PAYMENT
\$ 5 FOR EACH OVERDRAFT TRANSFER	\$15 FOR EACH RETURNED DEPOSIT ITEM
\$ 3 FOR EACH COPY OF A PAID DRAFT (Note: Most copies of drafts are available on line)	\$ 5 FOR EACH DEBIT/ATM CARD ISSUED (initial) \$25 CHARGE FOR RE-ISSUE IF CARD IS LOST OR STOLEN
\$ 3 DOLLAR MONTHLY SERVICE CHARGE UNLESS A \$500 MINIMUM BALANCE IS MAINTAINED	\$ 1 SERVICE CHARGE FOR EACH ATM CARD ISSUED TO THE ACCOUNT

Our policy is to make funds from your deposits available immediately on the business day we receive the deposit. At that time you can withdraw the funds and we will use these funds to pay any check you have written. For determining the availability of your deposits, every day is a business day except Saturdays, Sundays, and federal, state or credit union holidays. If you make a deposit on a day that we are not open, we will consider that the deposit was made on the next business day that we are open.

Federal Credit Union Bylaws give the credit union the authority to impose a notice of up to sixty (60) days for withdrawal of shares. The credit union also reserves the right to change this account to another type of account without the member’s approval if, in the credit union’s judgment, the change is not adverse to the member. The credit union will notify the member at least thirty (30) days before the change is effective. If the credit union determines that a change to another type of account would be adverse to the member, the change will not be made without the member’s approval.

PLEASE SIGN BELOW AND FILL IN DATE REQUESTED AND YOUR ACCOUNT NUMBER:

Member’s signature authorizing account and accepting the terms of the agreement listed above

Date requested

CU - Staff signature

Member’s Account Number _____

CU - Date Completed