



Star USA Federal Credit Union Super Share Account Agreement



Member's Name: _____

Member's Account #: _____ Member's SSN: _____

Member's Phone #: _____ Member's e-mail: _____

I hereby authorize the Credit Union to establish a Super Share Account in my name. I agree to the following terms:

- There is a minimum of \$1,500.
- Account is limited to three (3) free withdrawals per month.
- There will be a \$5.00 fee assessed per withdrawal after the first three (3) per month.
- If the account falls below the \$1,500 minimum the account will be closed and the money will be transferred to the regular shares.

I understand, agree and will abide by the above Credit Union policies.

I authorize the Credit Union to establish the Super Share Account by:

\$ _____ transfer from the regular share account.

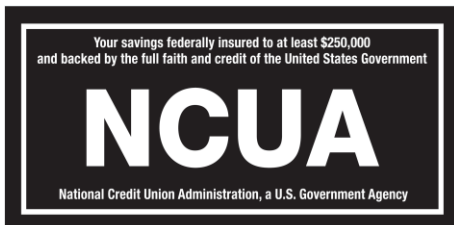
\$ _____ transfer from the draft account.

\$ _____ enclosed check, money order, wired funds, etc.

\$ _____ total amount.

Signature

Date



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 Huntington: 304-697-4900 Beckley: 304-256-7154
 Teays Valley: 304-757-3231 St Albans: 304-727-2981
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