

CU Use: Membership Account # _____ Name: _____ ChexSystems Clearance: _____



Checking Account Application

Add checking to an existing membership

2445 Mariondale Ave, Los Angeles CA 90032

Phone: 323-505-2600 Fax: 323-505-2613

Account Agreement

I/we make application for the account described below and agree to conform to the bylaws and any amendments thereof in Cal State L.A. Federal Credit Union (CSLA-FCU). I/we also agree to the terms and conditions of any account in the Credit Union now or in the future and agree that the credit union may change those terms and conditions from time to time. I/we authorize CSLA-FCU to verify all information supplied herein, and to verify my/our creditworthiness. I/we may request the name and address of any credit bureau from which CSLA-FCU receives a credit report on me/us. I/we have read and agreed to the information provided in the Truth in Savings Disclosure and Agreement, Electronic Services Disclosure and Agreement, Schedule of Fees and Charges and Rate Sheet. I/we promise that everything I have stated in this application is correct to the best of my/our knowledge. If there are any important changes I/we will notify the credit union in writing immediately. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications made to federal or state chartered credit unions insured by NCUA. **I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure.**

Primary Member

Name:		Acct #:	
Home Address:			
Drivers License, State ID or other ID#	ID Type:	State of Issue:	Issue Date: Exp Date:
How long have you lived in your state of residence?		Social Security:	
Date of Birth:	Email Address:		
Home Phone:	Cell:	Work:	

Opening Deposit

Checking*	\$ _____	<input type="checkbox"/> Deposit enclosed OR <input type="checkbox"/> Please transfer from my Savings (must leave \$25 min balance)
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*Not offered unless a Regular Share Savings Account is open. If you do not have an open Savings Account, please use Membership application.

Overdraft Protection

I authorize CSLA-FCU to pay overdrafts on my checking account from my other CSLA-FCU accounts. Automatic transfer fee applies. Please withdraw from my accounts in this order (1st, 2nd, etc) ___ Regular Savings ___ Line of Credit ___ Other _____. **Please note: ATM/Debit card overdrafts are not available from Savings.** Unless you specify otherwise, overdrafts will be covered by transfers from Regular Share Savings, subject to maintaining the minimum balance, then by advances via Line of Credit Loan Account, subject to terms and conditions of that account, up to the credit limit. Limit of six (6) transfers from savings in a calendar month.

Checks and Debit/ATM Cards Application

ATM/Debit Card Second Card for Joint Owner Checks

Line 1 _____ To order checks, please print your
 Line 2 _____ information as you wish it to appear
 Line 3 _____ 1 Box 2 Boxes
 Line 4 _____ Starting check # _____

Style Code: _____ OR Standard Credit Union checks with carbon copy (ask for current pricing) **Check printing charges will be debited from your checking account upon shipment. You must have sufficient funds in checking to cover the check printing charges before your order will be placed.** If you are ordering checks from another vendor, please contact the credit union for routing number and check digit.

Taxpayer Identification Number Certification and Backup Withholding Information

Under penalties of perjury, I certify that:
 (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
 Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

_____ - _____ - _____

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Primary Member Signature: _____ Date: _____