



### CHECKING ACCOUNT/ ATM APPLICATION

1900 Superior Avenue Suite #126  
Cleveland, OH 44114  
(216)263-7034 FAX (216)263-7034

**MEMBER APPLICATION**

Member \_\_\_\_\_ Account No. \_\_\_\_\_

Joint Owner \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Phone-HM (\_\_\_\_) \_\_\_\_\_ WK (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_\_

By signing below, I/we agree to the terms and conditions of the Membership & Account Agreement, Truth-in-Savings Rate & Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement & Disclosure applicable to the accounts and services requested herein. 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 Transfer Agreement

\_\_\_\_\_  
Signature Date \_\_\_\_\_

\_\_\_\_\_  
Joint Owner Signature Date \_\_\_\_\_

**ACCOUNT SERVICES**

\_\_\_ Payroll Deduction/Direct Deposit

\_\_\_ Over Draft-Line of Credit

\_\_\_ Overdraft Protection (Line of Credit)  
(Indicate first & second transfer priority below)

\_\_\_ \$250.00/Maximum  
\_\_\_ Debit Card

\_\_\_ SHARES    \_\_\_ LINE OF CREDIT

\_\_\_ Other

\_\_\_ EFT Service