



CHECKING ACCOUNT APPLICATION

Complete this form only if you are a current EECU member. All others complete the New Membership Application.

This application must be completed and signed by the primary member and all joint members on the account. All persons applying authorize EECU to obtain a copy of their current Credit Report, as well as a Chex Systems Report if applicable. Applications may be brought into one of the EECU branch locations, faxed to: 517.787.4067, or mailed to: EECU, P.O. Box 4100, Jackson, MI 49204-4100.

Please choose one: **Traditional Checking** **Advantage Checking** (minimum \$5,000 deposit)

Primary Member:	Member Number:
Street Address:	SSN/TIN:
City/State/Zip:	Driver's Lic./ID #: _____ DL State: _____
Home Phone:	Date of Birth:
Work Phone:	E-Mail:
Joint Member:	
Street Address:	SSN/TIN:
City/State/Zip:	Driver's Lic./ID #: _____ DL State: _____
Home Phone:	Date of Birth:
Work Phone:	E-Mail:
Joint Member:	
Street Address:	SSN/TIN:
City/State/Zip:	Driver's Lic./ID #: _____ DL State: _____
Home Phone:	Date of Birth:
Work Phone:	E-Mail:

Information to be Printed on Checks: (please mark all that apply)

Name(s): Primary Member Joint Member #1 Joint Member #2

Driver's License: Primary Member Joint Member #1 Joint Member #2

Address (primary member only) Phone Number (primary member only)

Number of boxes ordered: 1 Box 2 Boxes 3 Boxes ___ Boxes

Check style (if known): _____

Additional Services:

ATM & Check Card ATM Card Joint Card to be issued in the name of: _____

Savings Overdraft Protection from the following share suffix(es): (1) _____, (2) _____, (3) _____

Direct Deposit/Payroll Deduction 24-Hour Audio Response Online Banking & Bill Pay

e-Statements VISA® Credit Card Premium Money Market Account Term Share Account

Call EECU for check styles & prices. All check orders will begin with #501 unless otherwise requested.

By signing below I/we agree to the terms and acknowledge receipt of the Membership and Account Agreement, Truth-In-Savings Rate and Fee Schedule Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. If an access card or EFT service is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number; (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; and (3) I am a U.S. person (including a U.S. resident alien). Certification Instructions: Cross out item (2) above if the IRS has notified you 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 Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Closed Checking Account Explanation: (from front)

Authorization:

Primary Member Signature

Date

Joint Member Signature

Date

Joint Member Signature

Date

For Credit Union Use Only:

EECU Staff: _____ Date: _____ Type of Checking: New _____ Joint _____ Re-Apply _____ Credit Report: _____

Chex Systems: _____ Date: _____ Checks Ordered by: _____ Date: _____

Checking Approved by: _____ Denied by: _____ Reason: _____ Date: _____

ATM & Check Card Approved by: _____ Denied by: _____ Reason: _____ Date: _____

Denial Letter Sent: _____ Added Account to System: _____ Disclosures: _____ Membership Officer: _____