



# Member Information

## Applicant

Date \_\_\_\_\_

**IMPORTANT: Information highlighted in gray is to be exactly as you want it to appear on your checks!**

Name

Address

City, State, Zip

Social Security

Home Phone

E-mail address

Signature

## Co-Applicant

**IMPORTANT: Information highlighted in gray is to be exactly as you want it to appear on your checks!**

Name

Address

City, State, Zip

Home Phone

Work Phone

E-mail address

Employer

Signature

To the best of my knowledge, the information contained on this application is true and complete. I authorize you to obtain further information from a consumer credit report to assist the review process now and in the future. You may also verify my employment and income information.

Put a  (check) in the box of all the services you would like.

## Checking Account

WIT FCU is hereby authorized to recognize any of the signatures subscribed above in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with the Credit Union that all sums now paid on such checks, or heretofore or hereafter paid on checks by any or all said joint owners to their credit as such joint owners with all accumulations therein, are and shall be owned by them jointly with the right of survivorship, and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivors shall be valid and discharge WIT FCU from any liability for such payment. The right or authority of WIT FCU under this agreement shall not be changed or terminated by said owners, except by written notice to the Credit Union and shall not affect transactions previously made. See Checking Account Disclosure & Agreement.

Account Number	RFDS
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## Overdraft Line of Credit

WIT FCU may obtain a consumer credit report (credit history) from an independent consumer reporting agency in considering your application and in connection with review or renewal of the account applied for. Upon request, WIT FCU will supply the name and address of the independent consumer reporting agency providing such information. WIT FCU may also obtain credit information from other sources, and may exchange records regarding credit experience with consumer reporting agencies.

A full disclosure of the credit report information will be provided, at the member's request, upon approval or denial of the application.

Overdraft Limit
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## Bill-Pay

Bill-Pay allows you to make payments from your checking account to businesses online. One-time or reoccurring payments can be set up. Access to online banking is through our Web site (witfcu.com) and is linked through our online banking.

There are three requirements for members who wish to have online banking:

1. Must have a checking account with WIT.
2. Must have direct deposit of at least one payroll account.
3. Must have an overdraft line of credit.

## Debit Card

This information is given to obtain the MasterCard Debit Card. When I or someone authorize uses the card, I agree to the terms and conditions of the agreement that governs the use of the Card. I will receive a copy of the agreement when I receive my card. I understand that the WIT Federal Credit Union may assess service charges for the privilege of having a MasterCard Debit card. I understand if my checking account becomes overdrawn due to a MasterCard Debit card transaction, an overdraft fee may be charged.

You will receive your Personal Identification Number (PIN) two to three days before you receive your MasterCard Debit card.

For Office Use Only	
<b>New Issue / Reissue (Old # _____) / Change PIN</b>	
Checking Account #	_____
Savings Account #	_____
Card #	_____
Offset #	_____ - _____ - _____
Entered by	_____
Date Entered	_____
Agreement #	_____

## ATM Card

ATM cards are issued in our office. Members must come to the credit union to receive the card and set up their PIN.

For Office Use Only	
<b>New Issue / Reissue (Old # _____) / Change PIN</b>	
Checking Account #	_____
Savings Account #	_____
Card #	_____
Offset #	_____ - _____ - _____
Entered by	_____
Date Entered	_____
Agreement #	_____

## Online Banking

Online Banking is available to all of our members. Simply ask us for a temporary PIN to get you started.