



My Application

3418 MacCorkle Ave SE, Charleston, WV 25304
Phone: (304) 721-4145 Fax: (304) 342-3147
ElementFCU.orgElementFCU.org

All About Me!

My Name: _____ SS#: _____ Birth Date: _____
Street: _____ City: _____ State: _____ Zip: _____
My phone numbers - Home: _____ Work: _____ Cell: _____
My employer is: _____ My email address is: _____
Mother's Maiden Name: _____ Security Passcode: _____

I Want These Accounts AND These Services

- Savings Account (\$10 minimum balance)
- Checking Account (totally free)
- Debit Account (like a checking, but without the checks)
- Certificate of Deposit (CD)
- Individual Retirement Account (IRA)
- Money Market (earn higher dividends)
- Vacation Club
- Holiday Club
- I want Direct Deposit
- I want a Debit/Check/ATM card
- I want Online Banking & eStatements
- I don't want Overdraft Protection
- I don't want Courtesy Pay (Allows your account to be negative up to \$500 for up to 30 days. Must qualify.)
- I want eDeposit (send deposit checks electronically)
- I want Paper Statements (we encourage eStatements)

I Need a Loan! (apply for as many as you need) Text

I need a **Car/Auto** loan for \$ _____ I need a **Mortgage** loan for \$ _____
I need a **Motorcycle/ATV** loan for \$ _____ I need a **Home Equity LOC** for \$ _____
I need a **Boat/Watercraft** loan for \$ _____ I need a **Line of Credit** limit of \$ _____
I need a **Camper/Trailer** loan for \$ _____ I need a **Credit Card** limit of \$ _____
My gross yearly salary is \$ _____ My co-applicant's gross yearly salary is \$ _____

TIN Certification and Backup Withholding and Authorization

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number,
- 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 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
- I am a US person (including a US resident alien).

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, LoanLiner Open End Plan Signature Plus Credit and Security Agreement, Funds Availability Policy Disclosure, if applicable, and to any amendment Element FCU makes from time to time which are incorporated herein. I /we acknowledge receipt of a copy of the Agreement and 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 Funds Transfer Agreement. I/we also authorize the credit union to request a credit report at account opening. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

For debit cardholders only: I understand I am the only individual authorized to use the card and that use of the card signifies agreement to the terms and conditions set forth in the Electronic Funds Disclosure Agreement. The MasterMoney Check Card is the property of Element FCU and can be cancelled at any time without prior notice.

X _____ X _____ X _____ X _____
My Signature Date Co-Applicant Signature Date



My Application - pg 2

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I Want a Joint Owner on My Account

Joint Name: _____ SS#: _____ Birth Date: _____

Street: _____ City: _____ State: _____ Zip: _____

My phone numbers - Home: _____ Work: _____ Cell: _____

My employer is: _____ Driver's License #: _____

If I Die, I Want My Account To Go To (payable on death):

Name #1: _____ SS#: _____ Birth Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Name #2: _____ SS#: _____ Birth Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Name #3: _____ SS#: _____ Birth Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Any Additional Stuff We Need to Know?

This Part is for Element FCU Use Only

Member Account #: _____ Checking Account #: _____

Debit Card #: _____ Account opened by: _____

Eligibility For Membership: _____

If family member, name of current member: _____

Referred to Element FCU by: Employer Family Current CU member Advertisement Drive By Other _____

Referred by credit union member (name): _____