Checking Account Application

Choose the checking account that's best for you.

❑ **E-Free** ❑ **Premium Value** ❑ **Classic** ❑ **E-Builder**

Personal Information

Complete the Personal Information section. Include a copy of your driver's license or other valid I.D.

Last Name _____ First Name _____

Member Number _____ Date of Birth _____

Social Security Number _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Joint Owner Last Name _____ Joint Owner First Name _____

Remember, please include a copy of your driver's license or other valid I.D. (Primary and Joint)

E-CENTRAL CREDIT UNION

A Great Financial Partner: Call. Click. Visit.

Free Services

☑ **Internet Banking** – Manage all your accounts online with Central@net.

☑ **Bill Payer Service** – Pay your bills online.

☑ **ATM/VISA Debit Card** – It's the card that works like a check.

Overdraft Protection Options

☑ Link my Savings Account to cover any overdrafts.

❑ For additional protection, I would like to have a Personal Line of Credit linked.***

❑ I do not want Overdraft Protection.

*** Requires a completed Consumer Loan application and subject to credit approval.

Initial Deposit

Select one or more of these options:

❑ Deposit the enclosed check(s). $_____

❑ Transfer funds from my E-Central
❑ Savings ❑ Checking $_____

❑ Other _____ $_____

Total Deposit $_____

To make an automatic deposit each pay period, please complete the Payroll Deduction Form.

I/We agree to be bound by the terms and conditions applicable to each account and/or service requested, as contained in the Truth-In-Savings Disclosure and Electronic Services Disclosure, and the Credit Union's Bylaws, all of which are incorporated by this reference. I/We authorize the Credit Union to gather whatever credit, checking account and employment information the Credit Union considers appropriate from time to time. I/We understand that this will assist the Credit Union, for example, in determining my/our initial and ongoing eligibility for my/our account and/or in connection with making future credit opportunities available to me/us. I/We authorize the Credit Union to give information concerning its experiences with me/us to others subject to applicable law. All funds paid into any account shall be considered as being held by each owner of that account equally, with the right of survivorship and regardless of net contribution, and that the Credit Union is under no obligation to inquire as to the source of any contribution. The Credit Union is authorized to recognize any of the signatures below for transactions of any business on any account on which that party is named as an owner. Other terms and conditions may apply.

Member Signature _____ Date _____

Joint Owner Signature _____ Date _____

IMPORTANT: This application is not valid unless signed.
Please mail completed application to:

E-Central Credit Union
990 S. Fair Oaks
Pasadena, CA 91105