E-CENTRAL CREDIT UNION

A Great Financial Partner: Call. Click. Visit.

# Savings Application

**Instructions:** (1) Select the Account Type, (2) include the Initial Deposit, (3) complete the Personal Information section, and (4) sign and date form. To transfer funds from another financial institution, please complete the Transfer of Funds Authorization form. To open an E-Central Checking Account or IRA, please refer to other applicable applications.

## Account Type

Select one or more of these options:

- ❑ **Money Market** (minimum deposit $2,500)
- ❑ **Certificate** (minimum deposit $1,000)
  Certificate Term _____
- ❑ **Personal Savings**
  Name of account _____
- ❑ **Holiday Savings**
  Each November, transfer funds to:
  ❑ **Membership Savings** ❑ **E-Central Checking**

## Initial Deposit

Select one or more of these options:

- ❑ Deposit the enclosed check(s). $_____
- ❑ Transfer funds from my E-Central Membership Savings. $_____
- ❑ Transfer funds from my E-Central Checking Account. $_____
- ❑ Transfer funds from another financial institution. $_____

(To transfer funds from another financial institution, please complete the Transfer of Funds Authorization form.)

- ❑ Other _____ $_____

Total Deposit $_____

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

## Personal Information

Last Name _____ First Name _____

Member Number _____ Date of Birth _____

Social Security Number _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Joint Owner Last Name _____ Joint Owner First Name _____

X _____
Member Signature Date

X _____
Joint Owner Signature Date

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If you have any questions about this application or your account, please call us at (626) 799-6000. Please send this application and all necessary documents by mail or fax.

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

**New Accounts Fax: (626) 403-9807**