

Mail Application To: MEMBER SERVICES, P.O. BOX 3398, BATON ROUGE, LA 70821-3398 • www.lacapfcu.org • 800-522-2748 • 225-342-5055

You must meet the required minimum balance for each savings-type account you open. For more information, visit us online or call our Personal Assistance Line.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **You must attach a clear copy of your CURRENT DRIVER'S LICENSE or a valid state ID when you return this form to La Cap. Don't forget to attach your Direct Deposit or Payroll Deduction Form.**

Our Routing Number: 265473582

➤ (✓) I WOULD LIKE TO OPEN:					<input type="checkbox"/> REGULAR SAVINGS <input type="checkbox"/> SPECIAL SAVINGS <input type="checkbox"/> ELITE SAVER <input type="checkbox"/> ONLINE SAVINGS <input type="checkbox"/> CHRISTMAS CLUB <input type="checkbox"/> SHARE CERTIFICATE <input type="checkbox"/> IRA <input type="checkbox"/> ALL ACCESS CHECKING <input type="checkbox"/> ALL ACCESS ADVANTAGE CHECKING <input type="checkbox"/> LIQUID ASSETS CHECKING <input type="checkbox"/> ECONOMY CHECKING						
NAME (FIRST)		MI		LAST)		DATE OF BIRTH (MO., DAY, YR)		SOCIAL SECURITY NO.			
CURRENT HOME ADDRESS <small>CANNOT BE A POST OFFICE BOX</small>		(STREET		CITY		STATE		ZIP CODE)		HOME PHONE ()	
MAILING ADDRESS <small>IF DIFFERENT FROM ABOVE ADDRESS</small>		(STREET		CITY		STATE		ZIP CODE)		CELL PHONE ()	
E-MAIL ADDRESS						DRIVER'S LICENSE #			STATE		
EMPLOYER				DIVISION				DATE EMPLOYED — —			
Have you ever been a member of La Capitol Federal Credit Union? <input type="checkbox"/> YES <input type="checkbox"/> NO						OFFICE PHONE ()			GROSS MONTHLY INCOME \$		
Preferred Method of Contact											

➤ IF YOU'RE ELIGIBLE FOR MEMBERSHIP AS A RELATIVE TO A LA CAP MEMBER, COMPLETE THE FOLLOWING ON THAT MEMBER:	
LA CAP MEMBER'S NAME YOU'RE RELATED TO	
THIS MEMBER'S EMPLOYER	DIVISION
THIS MEMBER'S SOCIAL SECURITY #	YOUR RELATIONSHIP TO THIS MEMBER

➤ Activation of FREE TEL-a-CAP Telephone Transaction Service
To activate new TEL-a-CAP service (required for online access) you must choose a 4-digit Access Code. In the boxes below, please print the Access Code you have chosen (use any numbers 0-9, A-P or R-Y, or a combination of letters and numbers).
Your Access Code (for use on Tel-a-Cap and Online Access only.) <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>

➤ TAXPAYER IDENTIFICATION NUMBER AND BACK-UP WITHHOLDING
Taxpayer Identification/Social Security Number (Required) _____ - _____ - _____
Under the penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number, (or I am waiting for a number to be issued to me), and 2. I am not subject to back-up 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 back-up 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 back-up withholding and 3. I am a U.S. person (including a U.S. resident alien). The IRS does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

➤ SIGNATURE	
I hereby make application for membership in the La Capitol Federal Credit Union and agree to conform to its bylaws and amendments thereof and subscribe for at least one share. This account is non-transferable. By signing below, I authorize La Capitol FCU to check my credit and employment history, including the verification of the information on this request.	
SIGNATURE OF MEMBER X	DATE

➤ JOINT SAVINGS ACCOUNT AGREEMENT <small>A copy of each Joint Owner's current Driver's License or a valid state ID MUST be attached when you return this form to La Cap.</small>					
JOINT OWNER (1)		SOCIAL SECURITY NO.		DATE OF BIRTH (MO., DAY, YR.)	
CURRENT HOME ADDRESS (STREET		CITY		STATE ZIP CODE)	
DRIVER'S LICENSE #		STATE			
JOINT OWNER (2)		SOCIAL SECURITY NO.		DATE OF BIRTH (MO., DAY, YR.)	
CURRENT HOME ADDRESS (STREET		CITY		STATE ZIP CODE)	
DRIVER'S LICENSE #		STATE			
Regular, Special, and Share Certificate Accounts					
I would like for my <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Elite Saver <input type="checkbox"/> Christmas <input type="checkbox"/> Share Certificate account(s) <input type="checkbox"/> Checking with La Capitol Federal Credit Union to have a joint owner and understand that the La Capitol Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto 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 said Credit Union that all sums now, heretofore or hereafter paid in on shares by any or all of said joint owners with all accumulation thereon, are and shall be owned by them jointly, and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said Credit Union which shall not affect transactions theretofore made:					
SIGNATURE OF MEMBER X		DATE		<input type="checkbox"/> ADDITIONAL CARD FOR MEMBER	
SIGNATURE OF JOINT OWNER (1) X		DATE		<input type="checkbox"/> JOINT CARD <input type="checkbox"/> CHECKING _____ <input type="checkbox"/> SAVINGS _____	
SIGNATURE OF JOINT OWNER (2) X		DATE		<input type="checkbox"/> JOINT CARD <input type="checkbox"/> CHECKING _____ <input type="checkbox"/> SAVINGS _____	

LA CAP USE ONLY: Member # _____ Member code _____ Branch Code _____ 2-Digit Acct. # _____
Membership Officer _____ Date _____ Keyed By _____ Date _____ Verified By _____ Date _____ CBR Y N Beacon Score _____
Eligibility _____ New Member Packet _____ Electronic _____ In Person _____ Mailed _____ OFAC _____ Certegy Code _____