

Checking Application

Open online at www.lacapfcu.org, visit with a Member Service Specialist, or complete and mail to La Cap's Main Office to open your account:

Attn: New Accounts • P.O. Box 3398 • Baton Rouge, LA 70821-3398

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.

A clear copy of your current driver's license or a valid state ID is necessary to open this account.

Simple Checking

- Minimum balance \$1,000.00 • \$2.00 monthly service charge (Monthly service charge waiver of \$2 per month while enrolled in eStatements.) • Low balance fee waived if Direct Deposit of \$500.00 or more
- OR** 10 Debit Card transactions per month (non-ATM) • Opening deposit - \$50.00

BaZing - Add all the benefits of BaZing for \$4.99 per month.

- with BaZing without BaZing

Choice Checking

- Minimum balance \$1,000.00 • \$2.00 monthly service charge (Monthly service charge waiver of \$2 per month while enrolled in eStatements.) • Earns higher dividends on balances up to \$10,000.00*
- Low balance fee waived if 15 Debit Card transactions per month (non-ATM) • Opening deposit - \$50.00

*If tiered dividend requirements not met, 0.10% APY earned on entire balance.

BaZing - Add all the benefits of BaZing for \$4.99 per month.

- with BaZing without BaZing

Liquid Assets Checking

- \$2.00 Monthly Service Charge (Monthly service charge waiver of \$2 per month while enrolled in eStatements.) • Earns dividends
- \$2,500.00 opening & minimum balance required • **Elite Saver** account available • Opening deposit - \$2500.00

Opportunity Checking

- Direct Deposit required • \$10.00 monthly service charge (Monthly service charge waiver of \$2 per month while enrolled in eStatements.)
- Opening deposit - \$25.00



Member Information *(please print)*

Name: _____ Social Security #: _____

Member #: _____ Suffix: _____

Mother's Maiden Name: _____ Email: _____

Mailing Address: _____ Date of Birth: ____/____/____
Street City State Zip

Home Address: _____ Driver's Lic #: _____ State: _____
If Different Street City State Zip

Employer: _____ Division: _____

Date Employed: ____/____/____ Gross Monthly Income: \$ _____

Cell Phone: (____) _____ Home Phone: (____) _____ Work Phone: (____) _____

Request for Debit Card

Member's name: _____

Joint name: _____ Joint name: _____

Requests for Visa debit cards are subject to approval by La Capitol FCU. You must be a La Cap member in good standing with an open checking account and meet established criteria for a Visa debit card.

If my request for a Visa debit card(s) is approved, I agree to be bound by the conditions in the Disclosure Agreement and any subsequent revisions to that agreement, and to commit my PIN to memory and destroy my printed PIN or store it in a safe place.

Joint Account Owner Information *(if applicable)*

You must attach a clear copy of each joint owner's current DRIVER'S LICENSE or VALID PHOTO ID when you return this form to La Cap.

Joint Acct. Owner's Name: _____ Social Security #: _____ - _____ - _____
Address: _____ Street _____ City _____ State _____ Zip _____ Driver's Lic #: _____ State: _____
Employer: _____ Work Phone: () _____
Home Phone: () _____ Date of Birth: / / _____
Mother's Maiden Name: _____ Email: _____

Joint Acct. Owner's Name: _____ Social Security #: _____ - _____ - _____
Address: _____ Street _____ City _____ State _____ Zip _____ Driver's Lic #: _____ State: _____
Employer: _____ Work Phone: () _____
Home Phone: () _____ Date of Birth: / / _____
Mother's Maiden Name: _____ Email: _____

Overdraft Protection Options

- Use Your La Cap Savings Account to cover overdrafts. Fee Applies.
- Use Your La Cap VISA to cover overdrafts. No cash advance fee. Request form required.
- Or use La OOPS, La Cap's Courtesy Call Service to be notified of an overdraft. Request form required.

Call our Personal Assistance Line to request these forms. 1.800.522.2748 or 225.342.5055 or click on La Cap Forms on our homepage.

Taxpayer Identification Number and Back-up Withholding

Taxpayer Identification/Social Security Number (REQUIRED) _____ — _____ — _____ — _____ — _____

Under 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 backup 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 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
(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 backup withholding.

Joint Ownership

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, with 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 said Credit Union from any liability to such payment. 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.

*** VERY IMPORTANT *** - Please make sure to complete and sign all information and return to La Cap

I hereby make application for a checking product at La Capitol Federal Credit Union. This account is non-transferable. By signing below, I authorize La Capitol FCU to pull my credit report for the verification of the information on this request and offer other products.

Member's Signature (X) _____ Date: / / _____

Joint Owner's Signature (X) _____ Date: / / _____

Joint Owner's Signature (X) _____ Date: / / _____

For La Cap Use Only	Member # _____	Beacon _____	MKT-28AP 0720
Branch Code _____	2 Digit Acct.# _____		
Membership Offer _____	Date _____	Keyed By _____	Date _____
		Verified By _____	Date _____