

Maintenance Form for La Cap Checking Accounts

Use this form to change Checking Account type or to add Joint Account Owners.



700 Main Street, P.O. Box 3398, Baton Rouge, LA 70821-3398 • (800) 522-2748 or (225) 342-5055 • Fax (225) 342-9135 or (800) 297-2717 • www.lacapfcu.org

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.

Member Information *(please print)*

Name: _____ Social Security #: _____

Member #: _____ Suffix: _____

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: ____/____/____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

If Changing Account Type, Check One:

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

Simple Plus 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 • \$4.99 monthly BaZing fee

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 20 Debit Card transactions per month *(non-ATM)* • Opening deposit - \$50.00
*If tiered dividend requirements not met, 0.10% APY earned on entire balance.

Choice Plus 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
• \$4.99 monthly BaZing fee
*If tiered dividend requirements not met, 0.10% APY earned on entire balance.

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



La Cap Checking (Share draft) Accounts are variable rate accounts. La Cap may change the dividend rate for your account as determined by the credit union Board of Directors. Dividends are posted and compounded monthly. No minimum balance required to maintain the account. Applicable fees and conditions could reduce the earnings on your account. Low balance fees are charged a maximum of once per month. Visit www.lacapfcu.org for current rates.

Federally Insured By NCUA

Your signature and more information required on back. →

MXH1218-SD1

To Add a Joint Account Owner

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.**

Name _____ Driver's License No. _____ State _____

Address _____
Street City State ZIP+4

Employer _____ Soc. Sec. # _____

Date of Birth _____ Work Phone () _____ Home Phone () _____

Cell Phone: () _____ Email: _____

Yes, I would like a debit card for the joint owner at no charge.

To Add a Second Joint Account Owner

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.**

Name _____ Driver's License No. _____ State _____

Address _____
Street City State ZIP+4

Employer _____ Soc. Sec. # _____

Date of Birth _____ Work Phone () _____ Home Phone () _____

Cell Phone: () _____ Email: _____

Yes, I would like a debit card for the joint owner at no charge.

Signature(s)

Regular, Special, and Share Certificate Accounts

I would like for my Regular Special Elite Saver Christmas Share Certificate account(s) 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. By signing below, I give La Capitol FCU authorization to check my credit and employment history, including the verification of the information on this request. 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	CARD FOR MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO
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 _____