My Application

All About Me!

My Name:_____ SS#:_____ Birth Date:_____

Street:_____ City:_____ State:_____ Zip:_____

My phone numbers - Home:_____ Work:_____ Cell:_____

My employer is:_____ My email address is:_____

Mother's Maiden Name:_____ Security Passcode:_____

I Want These Accounts AND These Services

- ● Savings Account ($10 minimum balance)
- ○ Checking Account (totally free)
- ○ Debit Account (like a checking, but without the checks)
- ○ Certificate of Deposit (CD)
- ○ Individual Retirement Account (IRA)
- ○ Money Market (earn higher dividends)
- ○ Vacation Club
- ○ Holiday Club

- ○ I want Direct Deposit
- ○ I want a Debit/Check/ATM card
- ○ I want Online Banking & eStatements
- ○ I don't want Overdraft Protection
- ○ I don't want Courtesy Pay (Allows your account to be negative up to $500 for up to 30 days. Must qualify.)
- ○ I want eDeposit (send deposit checks electronically)
- ○ I want Paper Statements (we encourage eStatements)

I Need a Loan! (apply for as many as you need) Text

I need a **Car/Auto** loan for $_____

I need a **Mortgage** loan for $_____

I need a **Motorcycle/ATV** loan for $_____

I need a **Home Equity LOC** for $_____

I need a **Boat/Watercraft** loan for $_____

I need a **Line of Credit** limit of $_____

I need a **Camper/Trailer** loan for $_____

I need a **Credit Card** limit of $_____

My gross yearly salary is $_____

My co-applicant's gross yearly salary is $_____

TIN Certification and Backup Withholding and Authorization

X _____ X _____
    My Signature   Date   Co-Applicant Signature   Date

Element FEDERAL CREDIT UNION

3418 MacCorkle Ave SE, Charleston, WV 25304
Phone: (304) 721-4145 Fax: (304) 342-3147
ElementFCU.org

I Want a Joint Owner on My Account

Joint Name:_____ SS#: _____ Birth Date: _____

Street: _____ City: _____ State: _____ Zip: _____

My phone numbers – Home: _____ Work: _____ Cell: _____

My employer is: _____ Driver's License #: _____

If I Die, I Want My Account To Go To (payable on death):

Name #1:_____ SS#: _____ Birth Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Name #2:_____ SS#: _____ Birth Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Name #3:_____ SS#: _____ Birth Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Any Additional Stuff We Need to Know?

This Part is for Element FCU Use Only

Member Account #: _____ Checking Account #: _____

Debit Card #: _____ Account opened by: _____

Eligibility For Membership: _____

If family member, name of current member: _____

Referred to Element FCU by: ⃝Employer ⃝Family ⃝Current CU member ⃝Advertisement ⃝Drive By ⃝Other _____

Referred by credit union member (name): _____