



LA Healthcare

Federal Credit Union

MEMBER APPLICATION

1 | ELIGIBILITY

I'm eligible to join LA Healthcare Federal Credit Union because I am (please check one): *subject to verification*

- Employee of _____ (Eligible Organization) Relative of (name) _____ (Must already be a member of LA Healthcare FCU)

2 | MEMBER INFORMATION

Primary Owner Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Yrs at Residence: ____ Rent Own Live with Family
 DOB: _____ SSN: _____
 Mother's Maiden Name: _____ DL #: _____
 Phone: _____ Email: _____
 Employer: _____
 Occupation: _____ Work Phone: _____
 Date of Hire: _____ Monthly Salary: _____

Joint Owner Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Yrs at Residence: ____ Rent Own Live with Family
 DOB: _____ SSN: _____
 Mother's Maiden Name: _____ DL #: _____
 Phone: _____ Email: _____
 Employer: _____
 Occupation: _____ Work Phone: _____
 Date of Hire: _____ Monthly Salary: _____

Pay-On-Death: In the event of my death, or if there is more than one owner, the death of all owners, I/we hereby designate as my/our Pay-On-Death payee to receive all sums in my/our account established on this form.

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 SSN: _____ Relationship to Owner: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 SSN: _____ Relationship to Owner: _____

3 | CHOOSE SERVICE & INDICATE INITIAL DEPOSIT

(contact the Credit Union concerning Certificate Accounts)

- Membership Fee (\$5.00) \$ 5.00
 Regular Shares (\$50.00 minimum deposit) \$ _____
 Reward Checking (\$0.00 minimum deposit) \$ _____
 Money Market(\$0.00 minimum deposit) \$ _____
 Certificates (\$1,000.00 minimum deposit) \$ _____
 eStatements **TOTAL ENCLOSED** \$ _____

4 | CHECKING ACCOUNT OVERDRAFT OPTION

- No Overdraft
 Overdraft from Shares Only
 Overdraft from Loan Only
 Overdraft from Shares/Loan
 Overdraft from Loan/Shares

5 | SOCIAL SECURITY NO. / TAXPAYER I.D.

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct tax payer identification number; (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 backup withholdings as a result of a failure to report all interests 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).

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

6 | ACKNOWLEDGEMENT & SIGNATURE

I hereby make application for membership in and agree to be bound by the bylaws, regulations, policies, and rules, and any amendments thereof, of LA Healthcare Federal Credit Union. My signature below and use of the account will confirm my agreement to be bound and my acceptance of the Agreement on the reverse.

NOTE: The Internal Revenue Service does not require consent to any provision of this document other than the certifications required to avoid backup withholding.

Primary Owner Signature _____ Date _____ Joint Owner Signature _____ Date _____

Credit Union Use Only

Opened by _____ Date _____ ID _____ ChexSystem _____ Initial _____ Approved _____ Audited _____