



Apply By Mail:

You are invited to open an account if you live, work, worship, attend school, or have a business or other legal entity located in Barry, Calhoun, Clinton, Eaton, Gratiot, Ionia, Ingham, Jackson, Livingston, Montcalm, or Shiawassee counties.

Please provide all of the requested information on the application and fund your savings account with \$5.00. This will cover the minimum balance required for a savings account. You will also need to complete the appropriate signature requirements for membership.

Send the application and a copy of your driver's license to:

LAFCU

106 N. Marketplace Blvd
Lansing, MI 48917

LAFCU
 106 N. Marketplace Blvd.
 Lansing, MI 48917-7753
 517-622-6600
 800-748-0228
 www.lafcu.com

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Owner/Signer Information 1*

Name*	
Relationship to Account (Owner and/or Signer, etc.)	Owner
Physical Address*	
Mailing Address (if Different)	
Home Phone	
Work Phone	Ext.
Mobile Phone	
E-Mail	
Birth Date*	
SSN/TIN*	
Gov't Issue Photo ID, Type, #, State, Exp. Date, Issue Date*	DL Exp: Issue:
Mother's Maiden Name	
Employer's Name & Address	
Occupation	
Previous Financial Institution	
Eligibility*	

Owner/Signer Information 2

Name*	
Relationship to Account (Owner and/or Signer, etc.)*	Select One
Physical Address*	
Mailing Address (if Different)	
Home Phone	
Work Phone	Ext.
Mobile Phone	
E-Mail	
Birth Date*	
SSN/TIN*	
Gov't Issue Photo ID, Type, #, State, Exp. Date, Issue Date*	DL Exp: Issue:
Mother's Maiden Name	
Employer's Name & Address	
Occupation	
Previous Financial Institution	
Eligibility*	

Member No.

Account Title & Address

Ownership of Account*

The Specified ownership will remain the same for all accounts.

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Joint with rights of survivorship | <input type="checkbox"/> Custodial Social Security |
| <input type="checkbox"/> Trust-Separate Agreement Dated: | <input type="checkbox"/> Custodial Court Order |
| <input type="checkbox"/> Estate Probate Papers Dated: | <input type="checkbox"/> Custodial UTMA |

Beneficiary Designation – not to be used for IRAs or Certificates

I/We understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. I/We understand that these accounts will belong to the named beneficiary(ies), and will not be my/our heirs, or controlled by will. The provisions set forth in the Account and Account Services Disclosure with the Credit Union will govern payment.

Signature(s)*

I/We hereby make application for the account(s) and/or membership as indicated and agree to conform to the Bylaws, as may be amended, of Lansing Automakers Federal Credit Union. I/We certify the signatures(s) on this card apply to all accounts designated on this Membership Agreement; and all information provided is true and correct. I/We also acknowledge that I/we have received and agree to be bound by any terms and conditions on this card, and in the Account & Account Services Disclosure of the Credit Union, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or agreements as amended from time to time, which are incorporated herein by reference. **All present and future deposits to the account(s) designated above, including funds representing the payment of Social Security, Veterans benefits or any other funds that may be subject to limitations under federal or state laws, secure payment of any account owner(s) obligations to the Credit Union.**

The undersigned authorize the Credit Union to investigate credit and employment history and obtain reports from consumer reporting agency(s) on them as individuals.

- | | |
|----|---|
| [X |] |
| [X |] |
| [X |] |
| [X |] |
| [X |] |

Owner/Signer Information 3	
Name*	
Relationship to Account (Owner and/or Signer, etc.)*	Select One
Physical Address*	,
Mailing Address (if Different)	,
Home Phone	
Work Phone	Ext.
Mobile Phone	
E-Mail	
Birth Date*	
SSN/TIN*	
Gov't Issue Photo ID, Type, #, State, Exp. Date, Issue Date*	DL Exp: Issue:
Mother's Maiden Name	
Employer's Name & Address	,
Occupation	
Previous Financial Institution	
Eligibility*	

Owner/Signer Information 4	
Name*	
Relationship to Account (Owner and/or Signer, etc.)*	Select One
Physical Address*	,
Mailing Address (if Different)	,
Home Phone	
Work Phone	Ext.
Mobile Phone	
E-Mail	
Birth Date*	
SSN/TIN*	
Gov't Issue Photo ID, Type, #, State, Exp. Date, Issue Date*	DL Exp: Issue:
Mother's Maiden Name	
Employer's Name & Address	,
Occupation	
Previous Financial Institution	
Eligibility*	

Backup Withholding Certifications*	
<i>(If not a "U.S. Person" certify foreign status separately.)</i>	
TIN:	
<input checked="" type="checkbox"/> Taxpayer ID Number (TIN) – The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> Backup Withholding – I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> Exempt Recipients – I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
X	Date: 1/10/2012

Owner/Signer Information 5	
Name*	
Relationship to Account (Owner and/or Signer, etc.)*	Select One
Physical Address*	,
Mailing Address (if Different)	,
Home Phone	
Work Phone	Ext.
Mobile Phone	
E-Mail	
Birth Date*	
SSN/TIN*	
Gov't Issue Photo ID, Type, #, State, Exp. Date, Issue Date*	DL Exp: Issue:
Mother's Maiden Name	
Employer's Name & Address	,
Occupation	
Previous Financial Institution	
Eligibility*	

Account Description & Number	Initial Deposit/Source
Primary Savings 01	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit
<input type="checkbox"/> DDT	<input type="checkbox"/> Home Banking
<input type="checkbox"/> ODP	<input type="checkbox"/> ODP opt out

Other Terms Information
 LAFCU may report information about your account(s) to the credit reporting agencies/bureaus. Late payments, missed payments, insufficient funds transactions or other defaults on your loan and share/share draft account(s) may be reflected in your credit report.

For Credit Union Use Only		
ChexSystems: Pass	CBR:	User #:
Verified that all mandatory fields are completed within the Membership Agreement and approve this request for Membership.		
Membership Officer:		Date: