



Application for Membership

In-School Youth Account

School: _____ Grade: _____

Account No.: _____



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.

- | | |
|---|---|
| <input type="checkbox"/> E-Checking | <input type="checkbox"/> Home Banking/ DDT |
| <input type="checkbox"/> Regular Checking | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> E-Statement | <input type="checkbox"/> Youth Certificate of Deposit |

Student Information

First	M.I.	Last	Birth Date	SSN/TIN
Street		City	State	ZIP
Home Phone	Work Phone	Mobile Phone	E-Mail Address	
Mother's Maiden Name			Drivers License (high school)	

Parent/Guardian Information

First	M.I.	Last	Birth Date	SSN/TIN
Street		City	State	ZIP
Home Phone	Work Phone	Mobile Phone	E-Mail Address	
Drivers License				

Backup Withholding Certifications

Under penalties of perjury, each signing party certifies that: (1) The number shown above is my correct Social Security Number and (2) that 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; and I am a U.S. person (including a U.S. resident alien.) Strike out the language in (2) if the IRS has notified you that you are subject to backup withholding and has not terminated that notification.

Signature(s)

I/We hereby make application for the account and/or membership as indicated and agree to conform to the Bylaws, as may be amended, of LAFCU. I/We certify the signature(s) on this Application apply to all accounts designated on this Membership Application and all information provided is true and correct. I/We also agree to all terms, certifications, and conditions on this Application and in the Membership Agreement, other federal and state rules and regulations as applicable, and any separate agreements which are incorporated herein by reference.

I/we agree that LAFCU may order a consumer report from a credit reporting agency in order to evaluate my/our application for this account or the issuance of any access device or service to any person named herein. I/we understand that LAFCU may report information about my/our account(s) to the credit reporting agencies/bureaus. Late payments, missed payments, insufficient funds transactions or other defaults on any loan or account(s) may be reflected in my credit report.

I/we acknowledge that 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.

Student Signature	Date
Parent/Guardian Signature	Date

In-School Branch Withdrawal Restrictions

For office use

() Yes, please restrict withdrawals to \$10.00 maximum

Parent/Guardian Signature _____ Teller# _____ Membership Officer _____ Date _____