

SMART CHECKING REQUEST FORM

757-827-LFCU or 800-826-7490

Fax: 757-825-7523

Please provide all requested information. When you have completed the form, mail back in the enclosed postage paid envelope or fax it using the number listed above. Upon receipt of your request form, we'll send you an account package within one business day. You'll need to verify your identity by returning a notarized signature(s), or by signing the document(s) at one of our branch locations.

PRIME MEMBER INFORMATION

Member Number _____

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____

Date of Birth (mm/dd/yyyy) _____ Home Phone Number (_____) _____

Work Phone Number (_____) _____ E-mail _____

Employer _____

Residential Address (not PO Box) _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Driver's License Number _____ State _____

JOINT OWNER INFORMATION (Must match joint owner on Prime Share Account)

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____

Date of Birth (mm/dd/yyyy) _____ Home Phone Number (_____) _____

Work Phone Number (_____) _____ E-mail _____

Employer _____

Residential Address (not PO Box) _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Driver's License Number _____ State _____

Disclosure Information

LFCU is authorized to check my/our account, credit, and employment history, and obtain the credit report from third parties, including credit reporting agencies, to verify my/our eligibility for the accounts and services I/we request, and for services and products LFCU may offer in the future.