Bourns Employees Federal Credit Union

Checking Account Application		Account #		
1.	Name	Joint Name		
2.	Member SS#	Joint Owner SS#		
	Birth Date	Joint Birth Date		
	Driver's License # State	Joint Driver's License	#	_State
	Daytime Phone #	Joint Daytime Phone #	#	
3.	How will you make your initial \$100.00 deposit (circle choice): CheckAccount TransferNote: if you open your account in person at the Credit Union, Cash is an option.Account Transfer			
4.	Do you want overdraft protection from your sh	are account (circle choid	ce)? YES	NO
5.	Would you like Bourns EFCU to order your chec	ks (circle choice)? YES:	1 Box / 2 Bo	oxes NO
	Starting check number (should not exceed four digits)			
	Do you want (circle choice): Single checks	Duplicate checks	s (i.e., copy of c	check)
	Check cost charged directly to your account.			
6.	Please fill in what you want printed on your checks (note: optional means you do not provide the information; if you do not provide the information, it will not be on your check			
	Line 1: Name			
	Line 2: Joint Name (optional)			
	Line 3: Address:	City: S	itate:	Zip:

Line 4: Phone # (optional)

7. Where do you want your checks/ATM card mailed to (circle choice)?: Address on file BEFCU

8. Debit or ATM card access, please select (circle choice): DEBIT / ATM PIN will be mailed out 2 days before or after you receive the card. Credit union does not keep records of any PIN #s, therefore, please keep PIN in a safe place.

9. Signature _____

10. Date _____

Note: When completed: Fax to: 951-602-6562 Email to: <u>befcu@bournsfcu.org</u>, or Mail to: 1200 Columbia Ave. Riverside, CA 92507