

(#1 of 2)



L.E.O. CREDIT UNION, INC
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Painesville, OH 44077
(440) 347-3891 • Fax: (440) 347-3897
www.leocu.org

New Membership ☐

Membership Change ☐

(Add/change joint ownership, updated beneficiary, etc.)

LOANLINER

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION			
Member/Owner:		Member No:	
Street:		SSN/TIN:	
City/State/Zip:		Driver's Lic. No:	State:
Home Phone:	Cell Phone:	Date of Birth:	
Work Phone:		Password: (Mother's Maiden Name)	
E-mail:		Membership Eligibility:	
Employer:	Occupation:	Lubrizol Employer ID#:	Lubrizol Drop#:
ACCOUNT OWNERSHIP			
Designate the ownership of the accounts and responsibility for the services requested.			
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Rights of Survivorship			
Joint Owner:		SSN/TIN:	Relationship to Member:
Street:		Driver's Lic. No:	State:
City/State/Zip:		Date of Birth:	
Home Phone:	Cell Phone:	Password: (Mother's Maiden Name)	
Work Phone:		E-mail:	
Employer:		Occupation:	
Joint Owner:		SSN/TIN:	Relationship to Member:
Street:		Driver's Lic. No:	State:
City/State/Zip:		Date of Birth:	
Home Phone:	Cell Phone:	Password: (Mother's Maiden Name)	
Work Phone:		E-mail:	
Employer:		Occupation:	
ACCOUNT DESIGNATIONS			
<input type="checkbox"/> Payable on Death (POD)			
Beneficiary/POD Payee:		Beneficiary/POD Payee:	
Street:		Street:	
City/State/Zip:		City/State/Zip:	
SSN/TIN:		SSN/TIN:	
Date of Birth:		Date of Birth:	
Phone:		Phone:	
Driver's Lic. No:	State:	Driver's Lic. No:	State:
Password: (Mother's Maiden Name)		Password: (Mother's Maiden Name)	
Employer:		Employer:	
Occupation:		Occupation:	
ACCOUNT TYPE			
All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.			
Suffix			
<input type="checkbox"/> Share/Savings: _____			
<input type="checkbox"/> Share Draft/Checking: _____			
<input type="checkbox"/> Share Certificate/Certificate: _____			
The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.			

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This application approved by the Board

Date: _____

Signed: _____

ACCOUNT SERVICES	
<input type="checkbox"/> Payroll Deduction/Direct Deposit:	
<input type="checkbox"/> Audio Response:	
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):	
<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:	
<input type="checkbox"/> Other:	
TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION	
<p><i>Under penalties of perjury, I certify that:</i></p> <p>(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and</p> <p>(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 to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</p> <p>(3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).</p> <p>(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</p> <p><small>Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.</small></p>	
Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
AUTHORIZATION	
<p>By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. <i>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</i></p>	
<p>X _____</p> <p>Signature _____ Date _____</p>	<p>X _____</p> <p>Signature _____ Date _____</p>
<p>X _____</p> <p>Signature _____ Date _____</p>	<p>X _____</p> <p>Signature _____ Date _____</p>
FOR CREDIT UNION USE ONLY	
<input type="checkbox"/> See Account Change Card	<input type="checkbox"/> See Insurance Beneficiary Card
Date of Membership _____	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response
	<input type="checkbox"/> PIN Request
	<input type="checkbox"/> PC Access/Internet Banking

L.E.O. CU NEW MEMBER QUESTIONNAIRE

Why did you choose L.E.O. CU? _____

Will this be your primary savings or checking account? _____ Yes _____ No

Will any financial transactions affecting this account originate or have a destination outside the U.S.? _____ Yes _____ No

If yes, please explain: _____

Will you have direct deposit or automatic deductions attached to this account? _____ Yes _____ No

On average how frequently will deposits be made? _____ Average Amount \$ _____

Initial Deposit Amount \$ _____ Cash Amount \$ _____ Check Amount \$ _____

Are you a U.S. Citizen? _____ Yes _____ No If not, how long do you expect to remain in the U.S.? _____

If you are not a U.S. Citizen, do you have permission to work in the U.S.? _____ Yes _____ No

Are you, your relatives or associates connected to the government of a country other than the U.S.? _____ Yes _____ No

If yes, please explain: _____