



Checking Account Application

Checking Account select one	
☐ A+ Checking ☐ Regular Checking ☐	InTune Checking 🔲 Money Market
Share Account Number	
Primary's Name	DOB
Street/Town/State/ZIP	
Mobile Phone #	Home #
Social Security #Driver's	License #
Email (personal)	
Employer	
Joint Name	DOB
Street/Town/State/ZIP	
Mobile Phone #	Home #
Social Security #Driver's	License #
Email (personal)	
Employer	
Q. I would like my telephone # printed on my chec	cks. Yes :
Q. I would like Overdraft Protection from my Shar	
Agreement I/we have read and agree to the terms in the Account Agreement and ATM Card Disclosures set forth in the disclosure statements available at wctfcu.com. If I am also all Online Banking Agreement. I authorize WCTFCU to charge muse of Online Banking, including the amount of any recurring funds must be available in my account on the date I schedule in the second of the date I schedule in the second of the date I schedule in the second of the second of the date I schedule in the second of the sec	ne Reg CC & E Bulletins, and acknowledge receipt of all pplying for Online Banking, I agree to comply with the my account for any transactions completed through the payment or transfer that I make. I agree that sufficient
Primary Applicant	Date
Joint Applicant	Date
For Internal WCT	TFCU Use.
☐ Chex Systems Approved/ Denied by_	Date:
eStatements Set upCard Valet App downloaded	☐ Info Card w/Routing # & Account #