

Checking Account Application

Checking Account: select one

- A+ Checking Regular Checking InTune Checking Money Market

Share Account Number _____

Primary's Name _____ **DOB** _____

Mailing Address _____

Mobile Phone # _____ Home # _____

Social Security # _____ Driver's License # _____

Email (personal) _____

Employer _____

Joint Name _____ **DOB** _____

Mailing Address _____

Mobile Phone # _____ Home # _____

Social Security # _____ Driver's License # _____

Email (personal) _____

Employer _____

Q. I would like my telephone # printed on my checks. Yes: Mobile No
 Home

Q. I would like Overdraft Protection from my Share Account. Yes No

Agreement I/we have read and agree to the terms in the Electronic Funds Transfer Agreement, the Checking Account Agreement and ATM Card Disclosures set forth in the Reg CC & E Bulletins, and acknowledge receipt of all disclosure statements available at wctfcu.com. If I am also applying for Online Banking, I agree to comply with the Online Banking Agreement. I authorize WCTFCU to charge my account for any transactions completed through the use of Online Banking, including the amount of any recurring payment or transfer that I make. I agree that sufficient funds must be available in my account on the date I schedule payments and for all of my scheduled payments.

Primary Applicant _____ **Date** _____

Joint Applicant _____ **Date** _____

For Internal WCTFCU Use.

Chex Systems _____ Approved/ Denied by _____ Date: _____

eStatements Set up

Info Card w/Routing # & Account #

Card Valet App downloaded

Direct Deposit