

Checking Account Application Instructions:

Step 1. Please print out the ***Amendment To Application for Membership*** form (it follows these instructions).

Step 2. Check the box beside "Checking Account".

Step 3. Enter your Lafayette Federal Account number in the space provided (this is the nine digit number that appears on your account statements).

****If you are not comfortable sending your Account number by email, your account number can be filled in by an LFCU representative.****

Step 4. Enter your printed name, social security number, signature and date in the spaces provided. If this is a joint account, the joint owner must also enter this information in the spaces provided.

Step 5. Once completed, return the document using the methods below:

By Mail: To Return the Documents by mail, please send documents to:

Lafayette Federal Credit Union
Attn: Member Services Department
3535 University Boulevard West
Kensington, MD 20895

By Fax: To Return the Documents by fax, please send documents to:

Fax # 240-747-3379, **Attn:** Member Services Department

By Email: Attach and email the completed documents to memberservice@lfcu.org

Step 6. Along with the completed ***Amendment To Application for Membership*** form, please send a valid copy of your U.S. Identification (i.e. U.S. Driver's License, Identification card, or Passport).

****Please note, emails you send to us may not be secure unless we advise you that it is secure prior to transmitting your message. WE STRONGLY RECOMMEND THAT YOU NOT SEND US CONFIDENTIAL INFORMATION SUCH AS SOCIAL SECURITY OR ACCOUNT NUMBERS VIA UNSECURE EMAIL. Since an internet email response back to you would not be secure, we will not include confidential account information in an email response.****



Amendment to Application for Membership

I am requesting that my/our application for Membership and Programs at Lafayette Federal Credit Union be amended to include the additional programs I/we have checked below. I/we understand that the programs requested will be extended to any and all joint owners on my/our account and I/we acknowledge receipt of the credit union's disclosure statement for these programs. I/we understand that a photocopy of a valid U.S. driver's license is required to add the requested program to my account and I/we have enclosed a copy.

- Checking Account
- Preferred Savings Account
- Premier Savings Account
- Individual Retirement Account (IRA)
- MasterCard Debit Card
- Fixed Certificate, term: _____
- Variable Certificate, term: _____
- IRA Fixed Certificate, term: _____
- IRA Variable Certificate, term: _____

Lafayette FCU Account # _____

Primary Member's Name (please print)

Joint Owner's Name (please print)

Social Security Number

Social Security Number

Signature

Date

Signature

Date

For Credit Union Use Only

Copy of Member's Photo ID(s) Attached

This application was approved by the Board, the Executive Committee, or a Membership Officer.

Date

Membership Officer (Signed)

Date

Supervisor Signature (Verified)