



CHECKING APPLICATION

Thank you for your interest in opening a Checking Account with Las Colinas Federal Credit Union.

We will need the following items from you in order to process your account request:

- Completed Checking Application and What You Need to Know about Overdrafts and Overdraft Fees form.

- Photocopy of an unexpired government issued ID (Driver's License, Texas State ID, Military ID or Passport) for all signers on the account.

- Indicate the amount and source of your initial deposit:
 - Transfer \$_____ from my LCFCU account # _____;
 - Funds enclosed (check or money order made payable to Las Colinas FCU); or
 - Completed Payroll Deduction Form from a participating sponsor company.

- Send completed Checking Application along with above items to:

Postal Mail

Las Colinas FCU
ATTN: New Accounts
PO Box 630347
Irving, TX 75063-0347

Fax

214-273-7111

We will process your request the day we receive it. You will receive your Account Agreement, Truth-in-Savings Disclosures and Rate & Fee Schedule in the mail.

If you are not already a member of the Credit Union, you will also need to complete a Membership Application which can be downloaded from www.lascolinasfcu.com.

If you need any additional information, please contact us at 1-800-851-5132, or you may contact us via email at memberserv@lascolinasfcu.com.

NEW or EXISTING Account

Member Account # _____ Checking Account # _____

**Applicant/Co-Applicant Information
(must match ownership on main savings account)**

_____ Name (1)	_____ Name (2)	_____ Name (3)
_____ Driver's License #	_____ Driver's License #	_____ Driver's License #
_____ Social Security #	_____ Social Security #	_____ Social Security #
_____ Address		_____ City, State Zip
_____ Home Phone	_____ Work Phone	_____ Cell Phone
_____ Email Address		

Checking Account Type

- | | |
|---|---|
| <input type="checkbox"/> Unconditional Checking (\$25 minimum opening balance) | <input type="checkbox"/> E-checking (\$25 minimum opening balance) |
| <input type="checkbox"/> Regular Checking (\$100 minimum opening balance) | <input type="checkbox"/> Second Chance (\$25 minimum opening balance) |
| <input type="checkbox"/> Galaxy-for members 15 – 21 (\$5 minimum opening balance) | <input type="checkbox"/> Senior Checking-for members 55 and over |

Overdraft Protection (refer to attached page)

I do / do not wish to have overdraft protection from my savings account.
I am / am not interested in applying for an Overdraft Protection Line of Credit loan.

VISA ATM/Debit Card with REWARDS

I do wish to have a *VISA ATM/Debit Card with Rewards*. Please select a Personal Identification Number (PIN) with four easy to remember numerical digits. Keep your PIN in a place of safekeeping as we will retain no record of it.

<input type="checkbox"/> Order Card for Main Member	<input type="checkbox"/> Order Card for Joint Owner (2)	<input type="checkbox"/> Order Card for Joint Owner (3)
PIN _____	PIN _____	PIN _____

Check Order

- Please order 1 box of checks (the name(s) and mailing address listed above will be printed on the checks; a separate fee will apply and will be automatically deducted from your checking account).
Go to www.legacymemberservices.com/page1.html to view the online catalog.
- I will order checks on my own
- Starting No: _____
Indicate Check Style: _____
(We will order Standard checks if no style is listed)

Signatures

Name(1)/Date

Name(2)/Date

Name(3)/Date

I/we certify that the information provided on this application is true, correct and complete. I/we agree to conform to the Credit Union's rules, regulations, bylaws and policies now in effect and as amended or adopted hereafter. I/we acknowledge receipt of the Credit Union's Account Agreement, Truth-in-Savings Disclosures and Rate and Fee Schedule, all of which are incorporated into and made part of this application and agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. In considering this application and/or request for financial services, I authorize the Credit Union to check my credit and employment history, to request and use reports regarding the same, and to answer questions about its credit experience with me.

Credit Union Use

Rcv'd By/Date:	ChexSystems:	Checks Ordered By/Date:	Card Ordered By/Date:	.ACCS:	PIN:	CP21:
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What You Need to Know about Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We have a few options to help cover your overdrafts:

- Basic overdraft protection can be linked to your Las Colinas FCU savings account or to an Overdraft Protection Line of Credit Loan, if applicable.
- We also offer Standard Courtesy Pay and Courtesy Pay Plus as an option

What is Courtesy Pay and how does it work?

This service allows us to pay an item presented for payment against your checking account, even if it causes the account to become overdrawn. While we do not encourage anyone to overdraw their account, it is an added layer of safety should you accidentally write checks for more than you have in your account, or an inadvertent error causes the account to become overdrawn.

We offer two distinct Courtesy Pay Plans: Standard Courtesy Pay and Courtesy Pay Plus.

With Standard Courtesy Pay we may authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- ACH Debits
- Recurring debit card transactions

Courtesy Pay Plus allows us to authorize and pay ATM and one-time debit card purchases. In order to qualify for Courtesy Pay Plus you must complete the form below.

Choose One:

- YES, I WANT** LCFCU to authorize and pay overdrafts on my ATM and everyday debit card transactions. I want to OPT-IN to Courtesy Pay Plus
- No, I do not want LCFCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Account Number-Suffix

Printed Name/Date

Internal Use Only:

Processed By/Date:

Receipt Mailed:

What fees will I be charged if the Credit Union pays my overdraft?

- We will charge you a fee of \$30 each time we pay an overdraft
- There is no limit on the daily fees we can charge you for overdrawing your account

How to request overdraft coverage or get more information.

For more information concerning our overdraft services, you may contact us at:

Mail:
LCFCU
PO Box 630347
555 Cimarron Trail
Irving, TX 75063

Phone:
800-851-5132 ~ 214-273-5094

Fax:
214-273-7111

Email:
memberserv@lascolinasfcu.com

*We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will either be declined or returned as insufficient funds. A checking account must be at least 90 days old before Standard Courtesy Pay will be considered. You may opt-out of the Courtesy Pay program at any time by submitting the request in writing.



LAS COLINAS
FEDERAL CREDIT UNION