

Additional Account Application

*This form is used to add a new Savings or Checking account to your already established membership with LFCU. Please complete and send by using the email or fax number at the bottom of the form. **All owners that are to be on the account(s) must sign.***

Account/Member # _____

Primary Owner

Last Name	First Name	Middle Name or Initial	
Social Security#	Driver's License #, State & Expiration Date		Date of Birth
Home Address	City	State	Zip Code
E-mail address	Cell Phone #	Home Phone #	

Joint Member (if applicable)

Last Name	First Name	Middle Name or Initial	
Social Security#	Driver's License #, State & Expiration Date		Date of Birth
Home Address	City	State	Zip Code
E-mail address	Cell Phone #	Home Phone #	

Beneficiary # 1 (if applicable)

Last Name	First Name	Middle Name or Initial	Proportion %
Social Security Number	Date of Birth		Relationship
Home Address	City	State	Zip Code
E-mail address	Cell Phone #	Home Phone #	

Once completed, please email it to: Operations@Lutheranfcu.org or fax it to: (314) 394-2799

Beneficiary # 2 (if applicable)

Last Name	First Name	Middle Name or Initial	Proportion %
Social Security Number	Date of Birth	Relationship	
Home Address	City	State	Zip Code
E-mail address	Cell Phone #	Home Phone #	

Please check the additional account you would like to open:

Savings Plus Freedom Checking Essential Growth Checking RCW Checking Founders Checking

* ___ Please connect my new account to my _____ as overdraft protection*

DBA Freedom Checking (must be using member's SSN)

Name on DBA account _____

Additional Comments: _____

Name _____ Signature X _____

Name _____ Signature X _____

Date _____

Once completed, please email it to: Operations@Lutheranfcu.org or fax it to: (314) 394-2799