

Membership Application



A minimum deposit of \$5.00 is required to open a Lanco FCU savings account. A valid Driver's License or Photo ID is required for each applicant. A \$5.00 service charge will be assessed for accounts closed within 90 days.

Credit Union Use Only

Acct #: _____

Red Flag/OFAC

Initials _____

Please check all that you are applying for in addition to a savings account:

- Kasasa checking — *Select one:* Cash Cash Back Tunes Cash + Saver Cash Back + Saver
 Debit card delivery: Mail Pick up at Roseville **Issue debit card for Joint Owner?** Yes No
 Money Market Savings Christmas Club Vacation Club Other _____

Primary Owner

NAME	SOCIAL SECURITY #	DATE OF BIRTH
ADDRESS	CITY	STATE ZIP
PHONE # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Include on checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	OCCUPATION: <input type="checkbox"/> Retired <input type="checkbox"/> Other:	
OTHER PHONE # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	DRIVER'S LICENSE #	STATE EXP.
E-MAIL ADDRESS	<input type="checkbox"/> I would like to receive Lanco FCU's monthly E-mail newsletter	
MEMBERSHIP ELIGIBILITY	HOW DID YOU HEAR ABOUT US?	

This section to be completed by the primary owner. If you have been notified by the IRS that you are currently subject to backup withholding due to under-reporting interest or dividends on your tax return, you must cross out item 2 of the certification below.

Certification of Taxpayer Identification Number:
 Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Joint Owner

NAME	SOCIAL SECURITY #	DATE OF BIRTH
ADDRESS	CITY	STATE ZIP
PHONE # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	E-MAIL ADDRESS <input type="checkbox"/> I would like to receive Lanco FCU's monthly E-mail newsletter	
OTHER PHONE # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	DRIVER'S LICENSE #	STATE EXP.

What types of transactions do you expect to be processing against this account?

- Deposits Withdrawals Payroll deposits Check cashing Outgoing Wires Incoming wires Other _____

Please check the options below that best describe your travel activity:

- WITHIN THE U.S. (OUTSIDE OF PA): Frequent Infrequent (*"Frequent" meaning more than 5 times per year*)
 INTERNATIONALLY: Frequent Infrequent

Account Agreement

I hereby make application for membership of Lanco Federal Credit Union and agree to conform to its bylaws and amendments thereof, copies of which are available for my review, and to subscribe for at least one share. By signing below, I acknowledge receipt of the disclosures and agree to the terms and conditions applicable to the accounts and services requested. I understand that a credit review may be performed as part of my account opening, and it will not be considered as part of my membership application or affect my credit score. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

X Primary Owner Signature
 Date
X Joint Owner Signature
 Date