

Edco Federal Credit Union  
Checking Account Application

Name: \_\_\_\_\_ Account # \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

Co-applicant: \_\_\_\_\_ Account # \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous address if less than 3 years \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_

---

**There is a minimum deposit of \$25.00 with this application.**

Transfer \$ \_\_\_\_\_ from my savings account # \_\_\_\_\_ to my checking account.

I have enclosed a check for a ( minimum \$25.00) \_\_\_\_\_

Please select which checking account you will be applying for:

Regular Checking Account:

A minimum balance of \$500.00 must be maintained daily to earn a dividend.  
Unlimited check writing.  
Monthly service charge of \$5.00 for accounts that fall below \$150.00 on any given day.

No Fee Share Draft Checking

Minimum balance of \$25.00 required to open the account.  
There is no minimum balance required to maintain this account.  
There is no monthly service charge.  
Dividends **WILL NOT** be paid on this account.

Funds will be automatically transferred from savings if the checking account is over drawn. Please indicate if you prefer to have the funds transfer from a different account. Account# \_\_\_\_\_

Please indicate if you want to order checks.  Yes  No If yes, starting check number # \_\_\_\_\_ check type \_\_\_\_\_

Number of checks  150 checks  300 checks  900 checks Add phone number to checks.  Yes  No

Whose names imprinted on checks?  Applicant only  Applicant and Co-applicant

To view check types click on Liberty icon on web page.

If you wish to apply for an ATM Watts Card or a Mastermoney Debit Card, please fill out an application, which can be found on the Web site.

---

Applicant Signature \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

---

Co-applicant Signature(if any, must be joint owner of the account) \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mail or fax to:

Edco Federal Credit Union  
1165 North Ridge Road E.  
Lorain, Ohio 44055  
Phone Number 440-233-4878  
Fax Number 440-233-8519

