SCHOOL EMPLOYEES
Lorain County Credit Union, Inc.

340 Griswold Rd, Elyria, OH 44035
440-324-3400 or 800-451-6315
www.selccu.org

Application for Products and Services

ACCOUNT NUMBER:

Applicant Name:	**SSN:**	**Birthdate:**	**MMN:**
Physical Address:	**City:**	**State:**	**Zip:**
Home Phone:	**Work Phone:**		**Cell Phone:**
Co-Applicant Name:	**SSN:**	**Birthdate:**	**MMN:**
Physical Address:	**City:**	**State:**	**Zip:**
Home Phone:	**Work Phone:**		**Cell Phone:**
Co-Applicant Name:	**SSN:**	**Birthdate:**	**MMN:**
Physical Address:	**City:**	**State:**	**Zip:**
Home Phone:	**Work Phone:**		**Cell Phone:**

Services Requested

☐Direct Deposit / Payroll Deduction *(Separate form required)*
☐Overdraft Protection / Account No.
☐VISA Check Card
☐Co-Applicant VISA Check Card
☐ATM Card
☐Checking Access ☐ Share Savings Access ☐ Both
☐Co-Applicant ATM Card
☐Touch Tone Teller

Free Online Services (Available through our Web site www.selccu.org)

* SELCCU Online
* Bill Pay
* E- Statements
* E-News Email:

All members with e-mail address will receive information on special events and promotions.

Rev 09/2015

Checking Accounts Minimum deposit to open is $25. Allow 10-14 business days to receive your checks by mail. See rate schedule for fees.

☐Secure Young Adult Checking

☐Secure Checking

☐Secure Plus Checking

☐Basic Checking

10 Digit EFT Account number:

Check Style Code:

1. Names on Checks: ☐Applicant Only ☐Applicant and Co-Applicant
2. Would you like to have your phone number and/or different address on your checks: ☐Yes ☐No
   Phone:
   Address:
3. Beginning Check No. :

Signatures

By signing below, the undersigned has applied for membership with SELCCU; agrees to its by-laws and the terms and conditions of any approved account, as amended from time to time; and authorizes SELCCU to verify credit and employment history by any necessary means, including preparation of the credit report by a credit reporting agency. The undersigned certifies that the information provided on the application is true and correct, and that the term on the application apply to all accounts held by the undersigned at this credit union. The undersigned acknowledges receipt of the named disclosures and the terms that apply to the above referenced accounts.

X _____ X _____
Applicant Signature Date Co-Applicant Signature Date

X _____
Co-Applicant Signature Date

Office Use Only

Completed By: _____ Date: _____
☐Operations: _____ ☐Checks: _____ ☐VISA: _____ ☐ChexSystems/OFAC: _____

ACCOUNTS INSURED UP TO $500,000
ASI American Share Insurance insures each account up to $250,000. Excess Share Insurance Corporation provides up to an additional $250,000 of insurance per account. This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. ESI
MEMBERS' ACCOUNTS ARE NOT INSURED OR GUARANTEED BY ANY GOVERNMENT OR GOVERNMENT-SPONSORED AGENCY.