



Marion L. Healey Building
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 Telephone: 207.377.2124 · FAX 207.377.2767
 www.winthropcreditunion.org

Share Draft Application

Serving All of Kennebec County

Applicant _____ DOB ____/____/____ SSN# ____ - ____ - ____

Co-Applicant _____ DOB ____/____/____ SSN# ____ - ____ - ____

Present Home Address _____ How Long: _____

Addresses for the Past 5 Years: _____

Applicant's Employer _____ Div. or Dept. _____

Length of Employment _____

Employers for the Last 5 Years: _____

Home Phone # _____ Work Phone # _____

Previous Checking Accounts Where: _____
 Address: _____

Have you ever closed, or had a checking account closed in the past 5 years?
 If Yes, Reason: _____

Credit References: _____ Have you ever been through bankruptcy? _____
 1. _____ If Yes, Year: _____
 2. _____
 3. _____

Have you any judgments, granishments, or legal proceedings against you?
 If Yes, Explain: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> I am between 18–25 years of age and qualify for a Young & Free account.
<i>(No monthly service charge, free checks, two OOPs fees returned per year)</i> | <input type="checkbox"/> I am over 60 years of age and qualify for a senior account.
<i>(No monthly service charge and free checks)</i> | Please check off the services you are interested in today:
<input type="checkbox"/> ATM Card <input type="checkbox"/> Debit Card
<input type="checkbox"/> Online Banking <input type="checkbox"/> Mobile Banking
<input type="checkbox"/> Bill Payer <input type="checkbox"/> Ordering Checks
<input type="checkbox"/> Member Overdraft Privilege |
|--|--|---|

Email Address: _____

I hereby authorize the Winthrop Area Federal Credit Union to obtain employment information and credit reports for the purpose of opening a share draft (checking) account. You understand that the Credit Union will rely on the information in this application, your employment information and credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. By signing below, you acknowledge receipt of and agree to the terms of the Membership Agreement and Disclosures provided at the time of application.

Signature _____

FOR CREDIT UNION USE ONLY	
Share Account # _____	Date Opened _____
Share Balance _____	Share Draft Account _____
Loan Balance _____	Member Services Rep. _____
Loan Status _____	