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Share Draft Application

Serving All of Kennebec County Physical Address: _____(Cell) Email Address: Employer: Job Title: LOE: Current Checking Account Info: (Where): Previous Checking Account Info: (Where): Reason for Closure: ___ DOB / / SSN# - -Co-Applicant: Physical Address: ___ Mailing Address: _____(Home) _____ Email Address: ___ Job Title: _____ LOE: Employer: Current Checking Account Info: (Where): Previous Checking Account Info: (Where): Reason for Closure: I am between 18–25 years of age and ☐ I am over 60 years of age and qualify Please check off the services you are interested in today: qualify for a Young & Free account. for a senior account. (No monthly service charge, free checks, (No monthly service charge ☐ ATM Card □ Debit Card two OOPs fees returned per year) and free checks) ☐ Mobile Banking □ Online Banking ☐ Ordering Checks □ Bill Payer ☐ Member Overdraft Privilege I hereby authorize the Winthrop Area Federal Credit Union to obtain a checking verification report using FIS ChexSystems (ChexSystems is a check verification service and consumer credit report agency owned by the eFunds subsidiary of Fidelity National Information Services. It provides information about the use of deposit accounts by consumers. This is not a Credit Check. The Winthrop Area Federal Credit Union does participate in the Chex System). By signing below, you acknowledge receipt of and agree to the terms of the Membership Agreement and Disclosures provided at the time of application.

Date: / /

FOR CREDIT UNION USE ONLY		

Share Account #: _____ Date Opened: _____ Share Balance: ____ Share Draft Account: _____

Check Order: Yes or No (Circle one) Member Overdraft Privilege: Yes or No (Circle one)