



Complete form, print and bring to a branch or mail to:

WCTFCU
P.O. Box 2121
Waterbury, CT 06722

Checking Account Application

Checking Account select one

- A+ Checking Regular Checking InTune Checking Money Market

Share Account Number

Primary's Name DOB

Street/Town/State/ZIP

Mobile Phone # Home #

Social Security # Driver's License #

Email (personal)

Employer

Joint Name DOB

Street/Town/State/ZIP

Mobile Phone # Home #

Social Security # Driver's License #

Email (personal)

Employer

Q. I would like my telephone # printed on my checks. Yes: Mobile Home No

Q. I would like Overdraft Protection from my Share Account. Yes No

Agreement I/we have read and agree to the terms in the Electronic Funds Transfer Agreement, the Checking Account Agreement and ATM Card Disclosures set forth in the Reg CC & E Bulletins, and acknowledge receipt of all disclosure statements available at wctfcu.com. If I am also applying for Online Banking, I agree to comply with the Online Banking Agreement. I authorize WCTFCU to charge my account for any transactions completed through the use of Online Banking, including the amount of any recurring payment or transfer that I make. I agree that sufficient funds must be available in my account on the date I schedule payments and for all of my scheduled payments.

Primary Applicant Date

Joint Applicant Date

For Internal WCTFCU Use.

Chex Systems Approved/ Denied by Date:

- eStatements Set up Info Card w/Routing # & Account #
Card Valet App downloaded Direct Deposit