

SAVING IS EASY WITH...

IN-SCHOOL BANKING!

TYPE OF ACCOUNT: STATEMENT SHARE-SAVINGS

ACCOUNT OWNERSHIP TYPE (please circle): INDIVIDUAL OR JOINT WITH SURVIVORSHIP

APPLICANT INFORMATION

Member (1) Name: _____

Social Security Number: _____ Date of Birth: ___/___/___

Street Address: _____

City: _____ State: _____ Zip Code: _____

License Number: _____ Expiration Date: ___/___/___

License Issue State: _____ Issue Date: ___/___/___

(Please attach a copy of your driver's license)

Telephone Number: (____) _____ - _____

Employer: _____ Business Tel: (____) _____ - _____

Signature: _____

JOINT ACCOUNT HOLDER

Signer (2) Name: _____

Social Security Number: _____ Date of Birth: ___/___/___

Street Address: _____

City: _____ State: _____ Zip Code: _____

License Number: _____ Expiration Date: ___/___/___

Issue Date: _____

License Issue State: _____ ___/___/___ **(Please attach a copy of your driver's license)**

Telephone Number: (____) _____ - _____

Employer: _____ Business Tel: (____) _____ - _____

Signature: _____

This is a variable rate account and rates are subject to change. Please visit our website, www.lusofederal.com, to review current rate schedules.



Federally Insured by NCUA

If you have any questions regarding the school banking program, please contact Celia Fernandes at cfernandes@lusofederal.com or 413-589-9966 ext. 105.