

# 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: \_\_\_/\_\_\_/\_\_\_

License Issue State: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_

**(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](http://www.lusofederal.com), to review current rate schedules.

**If you have any questions regarding the school banking program, please contact Celia Fernandes at [cfernandes@lusofederal.com](mailto:cfernandes@lusofederal.com) or 589-9966 ext. 105.**

