



LUSO Federal Credit Union

Welcome Back to School Banking

LUSO's Faculty/Staff In-School Banking program makes it easy to save—whether for unexpected expenses, a dream vacation, or simply building strong savings habits. Getting started is simple: complete an application (attached, online, or in person) and return it at a LUSO branch, your school's banking table, or to a LUSO representative during school banking days. You can join anytime, and deposits can be made weekly at school. Teachers may also send deposits with a trusted student or request a classroom pickup.

Faculty and staff enjoy account opening gifts, up to \$25 in gift cards, free Scholastic books, recognition events, and chances to win classroom supplies. You'll also earn bonus entries as your students make deposits—our way of thanking you for encouraging their savings habits. Each new account includes a \$5 member share deposit funded by LUSO. For questions, stop by the school banking table or contact Celia Fernandes at cfernandes@lusofederal.com or 413-589-9966 x105.

School Banking Schools/Days

Tuesdays

East Street Elementary
Harris Brook Elementary

Wednesdays

St John the Baptist
Baird Middle

Thursdays

Green Meadows Elementary
Soule Road Elementary
Wilbraham Middle

Fridays

Mile Tree Elementary
Stony Hill School

Get Started

Visit our website to
download your
banking agreement.



www.lusofederal.com

599 East Street, Ludlow
Phone: (413)589-9966 Fax: (413)583-4491

One Crane Park, Suite 4, Wilbraham
Phone: (413)279-3002 Fax: (413)279-1919



Loan Originator Company Identifier 255907

Federally insured by NCUA

2025 Back to School Events



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, to review current rate schedules.

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

