



Chicago Post Office Employees Credit Union

New Member Existing Member

MIC \$ _____ LO # _____ MSR # _____

Type of Account

Savings Checking Christmas Club Vacation Club Certificate of Deposit ATM Card
Account # _____ (Check Digit - when required)
 My Future Liberty Style # _____ Approval Code # _____

Applicant Joint-Applicant

Name: _____

Name: _____

Address _____

Address _____

City/State/Zip: _____

City/State/Zip: _____

Yrs. at Address: _____ Own Rent Other _____

Yrs. at Address: _____ Own Rent Other _____

Previous Address: _____ # Yrs. _____

Previous Address: _____ # Yrs. _____

Home Phone: _____

Home Phone: _____

Business Phone: _____

Business Phone: _____

Date of Birth: _____

Date of Birth: _____

Social Security Number: _____

Social Security Number: _____

Driver's License/State ID# _____ State _____

Driver's License/State ID# _____ State _____

Issue Date: _____ Expiration Date _____

Issue Date: _____ Expiration Date _____

Employer: _____

Employer: _____

Finance No. (If Postal) _____ Position _____

Finance No. (If Postal) _____ Position _____

Direct Deposit: Yes _____ No _____ Payroll Deduction \$ _____

Direct Deposit: Yes _____ No _____ Payroll Deduction \$ _____

Mother's Maiden Name: _____

Mother's Maiden Name: _____

E-Mail Address: _____

E-Mail Address: _____

To: Chicago Post Office Employees Credit Union

I am providing the above information for the purpose of obtaining an account and I authorize you to obtain additional information concerning any of the statements I have made. I also authorize you to make inquiries you feel are necessary to determine my credit worthiness including, but not limited to, obtaining credit reports from credit reporting agencies and other credit information from other sources.

Applicant's Signature

Joint-Applicant's Signature

Date

Date

Thank you for providing us with this opportunity to serve you.



This Institution is not Federally Insured, and if the institution fails, the Federal Government does not Guarantee that Depositors will get back their money. This Institution is Privately Insured by American Share Insurance to \$250,000.00 per Account



CHECK ORDER

SPECIAL SHIPPING ADDRESS
if different than check



ACCESSORIES (Leather, Stamp, Pen)

STYLE CODE	COLOR

Date ____/____/____

Monogram/Accent No. _____

Center Accent No. _____

Sig. Cut No. _____

2nd Line for 2nd Signature

Please Type Or Print Information As It Appears On Checks

Line 1 _____
Line 2 _____
Line 3 _____
Line 4 _____
Line 5 _____
Line 6 _____

Style Code	Qty.	Starting No.

BILLING

<input type="checkbox"/> Account Holder	<input type="checkbox"/> Split (S)
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Split (T)
<input type="checkbox"/> Account Holder	<input type="checkbox"/> Other _____

TYPESTYLE (choose one)

<input type="checkbox"/> HELVETICA	<input type="checkbox"/> TIMES
<input type="checkbox"/> Old English	<input type="checkbox"/> Lubalin
<input type="checkbox"/> Commercial Script	<input type="checkbox"/> Lydian Cursive
<input type="checkbox"/> Kabel	<input type="checkbox"/> COPPERPLATE

Sig. Line Copy (2 lines of 40 characters)

**CHICAGO POST OFFICE
EMPLOYEES CREDIT UNION**
10025 SOUTH WESTERN AVENUE
(MAIN) CHICAGO, IL 60643



DESK MANAGER CHECKS:

PARCHMENT BLUE SAFETY END STUB BLUE SAFETY
Cover: (Optional)

EXECUTIVE BUSINESS CHECKS:

Color: BLUE GOLD (choose one)
Style: SINGLE DUPLICATE (choose one)
Choose one of the following stubs:
 STANDARD PAYROLL
 INVOICE COMBINATION
 WINDOW-standard WINDOW - Payroll
Cover: (Optional)

⑆271078175A⑆ _____ ⑈

OVERDRAFT TRANSFER

I/We hereby authorize the Chicago Post Office Employees Credit Union to establish this share Draft Account for me/us. The Credit Union is authorized to pay share drafts signed by me (or by any of us) and to charge all such payments against the shares in this Account. (Transfers made in increments of \$25).

It is further agreed that:

- (a) The Credit Union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this Account; the Credit Union may, however, pay such share draft and transfer shares to this Account in the amount of the resulting overdraft, from any other regular share account from which any of the undersigned is then eligible to withdraw shares.
- (b) This Account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.
- (c) If this agreement is signed by more than one person, the persons signing below shall be the joint owners of this Account which, in that event, shall be subject to the additional terms and conditions printed on the reverse side hereof.

Date _____

Share Draft Account Number _____

Signature (s) {

