



CADDO PARISH TEACHERS' FEDERAL CREDIT UNION

4625 HEARNE AVE – PO BOX 3133 – SHREVEPORT, LA 71108
 PHONE (318) 631-5640 - FAX (318) 631-8927

Complete this form only if you are a current CPTFCU member. All others complete the New Membership Application.

This application must be completed and signed by the primary member and all joint members on the account. All persons applying authorize CPTFCU to obtain a copy of their current Credit Report, as well as a TeleChex Systems Report if applicable. Applications may be brought into one of the CPTFCU branch locations, faxed to: 318-631-8927, or mailed to: CPTFCU, P.O. Box 3133, Shreveport, LA 71133.

Checking Account Application

Primary Member:		Member Number	
Street Address:		SSN/TIN:	
City/State/Zip:		Driver's Lic./ID	DL State:
Home Phone:		Date Of Birth:	
Work Phone:		E-Mail:	
Joint Member:			
Street Address:		SSN/TIN:	
City/State/Zip:		Driver's Lic./ID:	DL State
Home Phone:		Date Of Birth:	
Work Phone:		E-Mail:	
Joint Member:			
Street Address:		SSN/TIN:	
City/State/Zip:		Driver's Lic./ID:	DL State
Home Phone:		Date Of Birth:	
Work Phone:		E-Mail:	

Information to be Printed on Checks: *(please mark all that apply)*

Name(s):	<input type="checkbox"/> Primary Member	<input type="checkbox"/> Joint Member #1	<input type="checkbox"/> Joint Member #2
Driver's License:	<input type="checkbox"/> Primary Member	<input type="checkbox"/> Joint Member #1	<input type="checkbox"/> Joint Member #2
	<input type="checkbox"/> Address (primary member only)	<input type="checkbox"/> Phone Number (primary member only)	

Number of boxes ordered: 1 Box 2 Boxes 3 Boxes ___ Boxes

Check style (if known): _____

Additional Services:

<input type="checkbox"/> ATM & Check Card	<input type="checkbox"/> ATM Card	Joint Card to be issued in the name of: _____
Savings Overdraft Protection from the following share suffix(es): (1) _____, (2) _____, (3) _____		
Direct Deposit/Payroll Deduction	24-Hour Audio Response	Online Banking & Bill Pay
e-Statements	JOINT cards to be issued in the name of _____	

Call CPTFCU for check style & price. All check orders will begin with # 501 unless otherwise requested

By signing below I/we agree to the terms and acknowledge receipt of the Membership and Account Agreement, Truth-In-Savings Rate and Fee Schedule Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. If an access card or EFT service is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien). Certification Instructions: Cross out item (2) above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item (3) and complete a W-8 BEN if you are not a U.S. person

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Closed Checking Account Explanation: (from front)

Authorization:

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Primary Member Signature

Date

Joint Member Signature

Date

Joint Member Signature

Date

For Credit Union Use Only:

CPTFCU Staff: _____ Date: _____ Type of Checking: New ____ Joint ____ Re-Apply ____ Credit Report: _____

Chex Systems: _____ Date: _____ Checks Ordered by: _____ Date: _____

Checking Approved by: _____ Denied by: _____ Reason: _____ Date: _____

ATM & Check Card Approved by: _____ Denied by: _____ Reason: _____ Date: _____

Denial Letter Sent: _____ Added Account to System: _____ Disclosures: _____ Membership Officer: _____