International Airline Employees
Federal Credit Union
138-44 Queens Blvd, Suite 1B, Briarwood, NY 11435
Phone: (718)525-5903, Fax: (718)525-8958, www.iaefcu.org

CHECKING ACCOUNT APPLICATION

Please print information as you would like it appear on your checks	Style: Code:	No. of Boxes (120 checks.) _____	Starting Check No.	Date:
Line 1	Type Style (if different from default):			
Line 2	Optional Accessories: (contact Credit Union) Wallets _____ Covers _____ _____ Enter Product Code Stamps _____			Monogram:
Line 3				
Line 4				
Line 5				
Line 6	☐ Check if 2nd line for 2nd Signature is needed			

Shipping Address for checks (if different from address on checks) ----------→	Line 1
	Line 2
	Line 3
	Line 4

☐ ShareDraft/Basic Checking (free) ☐ Share Draft/ Interest Checking ☐ Money Market Checking

Member Name			Account Number:
Address	City	State	ZIP
SSN or TIN		Date of Birth	
Home Phone Cell Phone Work Phone		Employer	
ID Type & Number	State/ Country	Mother's Maiden Name	

AGREEMENT AND SIGNATURE

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosure applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

_____ _____
Signature of Applicant Date

Date of Membership _____ Opened/Approved by _____ Member Verification_____

PIN Request_____ Credit Report_____ Check Verified_____ Access Card_____