





1065 Old Country Road, Suite 215 • Westbury, NY 11590 E-mail: info@lhcu.com

MEMBER APPLICATION

CUSTOMER IDENTIFICATION PROGRAM

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you request to open an account, we will ask for your full name including middle name, your physical address, date of birth, social security number or tax identification number, or other information that will allow us to identify you. We will require a photo identification issued by a government agency, which would typically be your driver's license, or State Issued identification card.

Lufthansa Employee Federal Credit Union (LEFCU) may also obtain a credit report prior to opening an account for you. Based on your credit rating, LEFCU may not offer you all of our services and products or may deny your account request.

By authority granted Financial Institutions by the US Patriot Act, we will be requesting information to verify identity.

I understand the above and would like to become a member of **LUFTHANSA EMPLOYEE FEDERAL CREDIT UNION.**

Please check one:						
Regular Savings Account Minimum \$25 USD						
☐ Money Market Account Minimum \$1500 USD						
☐ IRA Account (If yes, please specify what type):						
☐ Traditional IRA	\square Roth IRA	☐ Educational IRA				
☐ Time Deposits (CDs):	year(s)					
NAME:						
TITLE NAME OF ACCOUNT	NT:					
SOCIAL SECURITY #:						
ADDRESS:						
HOME #:		WORK #:				
	(OV	/ER)				







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E-MAIL:				
DEPARTMENT:			LH ID (PK)#:	
MONTHLY SAVING	GS FROM P	PAYROLL		
□ YES	□ NO	\$	Monthly	
INITIAL DEPOSIT:	\$	Initial I	Deposit	
BENEFICIARY:	PLEASE C	COMPLETE	E TRANSFER ON DEATH AGREEMENT	
	also have end	closed a copy	the "Truth in Savings" provisions and that I have of my government or state issued photo ID uthorities.	
SIGNATURE			DATE	
***IMPORTANT** Please be sure to inc >W-9 FORM >PHOTOCOPY OF	lude:	MENT ISS	SUED ID	
(CREDIT UNION USApproved by:	SE ONLY):			
Credit Union Employ	ree		Date	
BSA Compliance Off	icer		Date	