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Checking Account Application

TYPE OF ACCOUNT DESIRED (please check)

- | | |
|--|--|
| <input type="checkbox"/> Prime Time Checking | <input type="checkbox"/> CU Home Branch - Online Banking |
| <input type="checkbox"/> Basic Checking | <input type="checkbox"/> Line-of-Credit Loan Request |
| <input type="checkbox"/> Benefit Checking | <input type="checkbox"/> Free Bill Pay |
| <input type="checkbox"/> ATM Check Card | <input type="checkbox"/> Free E-Statements* |

For new Checking Account, please complete all sections.

* By signing below, I agree that the E-Statement option is my preferred method of receiving my periodic statement. I understand I can contact the Credit Union at any time to change my option and receive a paper copy of my periodic statement with no additional fee.

PRIMARY APPLICANT

Name _____ Member Acct. _____
 Driver's License _____ Date of Birth _____ SS# _____
 Home Address _____ Yrs of Residence _____ Former Address if less than 5 years _____
 City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____
 Home Phone Number _____ Work Phone Number _____ email address _____
(email address required for Bill Pay and/or E-Statements)

Have you had a checking account at this or another institution in the past 12 months? Yes No

Name of institution _____
 Address _____

Have you had a checking account closed by a financial institution without your consent in the past 12 months?

Yes No Comments _____

Have you been convicted of a criminal offense connected with the use of a checking account in the past 24 months? Yes No

Closest relative not living with you:

Name _____ Address _____ Telephone _____

Information to be printed on checks:

Name(s) _____
 License # _____
 Phone _____
 Address _____
 City/State/Zip _____
 Start # _____ Check Style # _____

CU Home Branch

Signature _____

I would also like to access the following accounts. I am providing the authorized signatures to allow me to transfer money to obtain balance information.

Account Number(s): _____

Authorized Signature _____

JOINT APPLICANT

Name _____
 Member Acct. # _____ Date of Birth _____
 SS# _____ DL# _____
 Home Address _____ Yrs. of Residence _____
 City/State/Zip _____
 Home Phone _____ Work Phone _____

ATM/CHECK CARD APPLICATION

Please check which box applies:

- ATM - For savings and checking cash withdrawals at Automated Teller Machines
 Check Card - For savings and checking cash withdrawals at Automated Teller Machines and point-of-sale debit from checking

Signature _____

The Instant Cash Check Card is linked to your checking and share accounts for any ATM usage. Purchases made with this card will be debited from your checking account only. I agree by signing this that I will be subject to the terms and conditions issued by Bluestone Federal Credit Union and may be subject to a credit check.

REQUIRED SIGNATURES

Everything I/we have stated in this application is true to the best of my/our knowledge. Bluestone FCU is authorized to verify my/our employment, check my/our credit history and answer any questions about credit experience with me/us. By making this application, I/we agree to (1) the terms and conditions governing all Bluestone FCU accounts; (2) the terms of any agreements for specific services such as checking, savings, term deposits, and electronic banking, and (3) the terms of Bluestone FCU's fee and information schedule. I/We also agree to all terms, whether posted on your premises, printed on deposit slips, contained in your fee and information schedule, or enclosed with my/our statements. I/We understand that any of these terms may be changed by the Credit Union from time to time. Upon request, the Credit Union will supply the name and address of the credit bureau providing such information. I/We acknowledge notice of this disclosure.

Applicant Signature _____ Date _____

Joint Application _____ Date _____