Bourns Employees Federal Credit Union

Thank you for your interest in our checking account. Please answer the following questions:

1. Which checking account would you like to choose? **Basic-99** **Club-88 (for members aged 50+)**

2. Account#_____ Day Phone #_____

3. Member SS#_____ Joint Owner SS#_____

   Drivers Lic#_____ State_____ Jt Drivers Lic#_____ State____

4. In what state(s) have your resided for the last five years?_____ / _____ / _____

5. Do you want to order checks? **YES** **NO**
   Starting check number_____

6. How will you make your initial $100.00 deposit: **Cash** **Check** **Account Transfer**

7. Do you want overdraft protection from your regular savings? **YES** **NO**

8. Please fill in what you would like printed on your checks.
   line 1: Name

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   line 2: Joint Name (optional)

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   line 3 :Address City State Zip

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   line 4: Phone # (optional)

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   line 5: Driver license # (optional)

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9. Where do you want your checks/card(s) mailed to: **Home** **BEFCU** **Special**

10. For card access, please select one:

    VISA DEBIT -412071 **ATM –**641284 **NONE**

11. Would you like to select a personal PIN number? **YES** (letter) **NO**

12. Confidential/Account Code word _____(to confirm identity and activate your account)

Signature _____