

# LEYDEN CU CHECK CARD APPLICATION FORM

**For current members only.**

**Not applicable without checking account.**

Please be sure that all requested information is provided.

Yes, I/we would like to take advantage of Leyden Credit Union's Check Card. If I/we do not qualify for a Leyden Credit Union Check Card, then you may consider this as my application for a Leyden Credit Union ATM Card.

## APPLICANT

Account Number(s) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City / St / Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

## CO-APPLICANT

Account Number(s) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City / St / Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Signatures: By signing below, the undersigned request(s) the described services and agrees to terms and conditions governing the services including fees and charges. The undersigned agree(s) that all information is accurate and authorizes the LEYDEN CREDIT UNION to verify credit and employment history by any necessary means including preparation of a credit report by a credit reporting agency.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT'S SIGNATURE

CO-APPLICANT'S SIGNATURE

DATE

**For LCU Use Only**

APPROVED \_\_\_\_\_ PROCESSED \_\_\_\_\_

All necessary information will be sent to your mailing address on file.

LEYDEN CREDIT UNION | 2701 N 25TH AVE | FRANKLIN PARK, IL 60131

Phone 847-455-8440 | Facsimile 847-455-1245 | <http://www.leydencu.org>