

# Application for BHCU E-Z Account (for payroll direct deposit)

Please "check" the box that applies to you:

**#1**

I already am a credit union member and would like to open an E-Z Account for direct deposits of my pay.  
*(Your signature card is already on file at the credit union.)*  
 Please check here for optional ATM card (if you do not already have one)

**#2**

I wish to become a credit union member, and open an E-Z Account. I understand I must deposit \$50 in a BHCU share (savings) account to receive full membership privileges.  
*(Please fill out a signature card)*  
 Please check here for optional ATM card.

**#3**

I do NOT wish to become a credit union member, but I do want to open an E-Z Account.  
 I understand I must deposit \$25 in a BHCU share (savings) account.  
*(Please fill out a signature card.)*  
 Please check here for optional ATM card.  
 I understand I may visit BHCU during regular office hours to withdraw cash or purchase money orders drawn from my E-Z Account

(Please print clearly.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employment \_\_\_\_\_

**Account Designation:**

(Select one by checking appropriate box)

Individual, sole owner (Complete line A and C below)

Joint with right of survivorship (Complete lines A & B)

Your signature(s) acknowledges(s) the acceptance of the terms and conditions on the flip side.

A. \_\_\_\_\_  
 Your Signature Date

B. \_\_\_\_\_  
 Joint Owner's Signature Drivers License # Soc. Sec. #

C. \_\_\_\_\_  
 Designated Beneficiary (please print full name) Soc. Sec. #

.....  
 Joint Account Revocation Name:

\_\_\_\_\_

Joint owner signature:

Member's Signature

Date