

# CHECKING ACCOUNT APPLICATION

Use this form to open a Columbus Metro checking account. PLEASE NOTE: Only current Columbus Metro members may use this form to add a checking account.

## Directions

1. Fill out the following application completely.
2. Enclose a check or money order made out to Columbus Metro for your opening deposit (or provide instructions for transferring funds from your account).
3. Return your completed application and deposit to the credit union.

Please select the type of account to open \_\_\_\_\_

Name \_\_\_\_\_ Metro Account Number \_\_\_\_\_

Joint Member's Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please fund my account with (check one):

my check or money order\* payable to Columbus Metro FCU

a transfer of \_\_\_\_\_ from Account # \_\_\_\_\_ Share ID \_\_\_\_\_  
Amount

\* Deposits may not be available for immediate withdrawal in accordance with our Funds Availability policy.

I would like to apply for the following services:

Debit MasterCard

MetroWeb Bill Pay

## Authorization

By signing below, I/we agree to the terms and conditions of the Account Agreement, Truth-In-Savings, Fee Schedule, Funds Availability Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Mailing Address

Columbus Metro FCU  
P.O. Box 13240  
Columbus, OH 43213-0240

## Contact Us

By Phone 614.239.0210 or 800.986.3876  
By Fax 614.239.0988  
Online [www.columbusmetro.org](http://www.columbusmetro.org)