



Thank You for **CHECKING** Us Out!

Our goal is to provide you with products and services that are just right for you. We recognize that each member has different needs so we have enhanced our share draft (checking account) offering to automatically fit your individual need.

- ❖ **Everyday Checking** requires no minimum balance and no monthly service charge and your first 50 checks are free. With an average balance of \$1,000 you are eligible to earn interest of ½ of the regular share (savings) rate.
- ❖ **Senior Advantage Checking** is available to all members' age 60 years and older; at the age of 60, you are automatically enrolled in this program. You will receive the same features as the Everyday Checking plus you will receive free check reorders, free stop payments and up to three free check copies per month. Also, a big bonus, you will be paid interest on your checking account at the same rate of pay as the regular share (savings) account!

Other benefits available with our checking accounts:

- Visa Debit Card
- Online Line Banking
- Bill Payment
- E-Statements
- Safety of Overdraft Share Protection
- Overdraft Loan Protection (must qualify)
- Online Switch Kits

Now that you've **checked** us out, let's get started!

Loudoun Credit Union Checking: **Check List**

In effort to make the transition to a LCU checking account as easy and convenient as possible, we are happy to offer two different means of switching: online or traditional paper.

- If you prefer to complete online, please visit our website at www.loudouncu.com and click on the Share Draft link.
- If you prefer pre-printed paper, follow the outline below:

How to Open My LCU Checking Account

- Visit the credit union to open a checking account. Bring your ID and any signers that will be on the account.

During your visit or at a later time consider the following:

- Complete a Direct Deposit Form. (optional)
 - Use to enroll in direct deposit or change from an old account to LCU.
- Complete Automatic Payment Form. (optional)
 - Use to transfer automatic payments from an old account to LCU. Form is enclosed.
- Enroll in Online Banking. (optional)
- Apply for debit card. (optional)

How to Close My “Old”/Current Checking Account

- Make sure all checks have cleared your current checking account.
- Make sure enough funds are available to cover any automatic payments that need to be withdrawn from your current account.
- Send a written notice to stop your direct deposit from other institutions (payroll, Social Security, interest payments, etc.)
- Send a written notice to vendors who automatically take payments from your account (utilities, insurance, cable, etc.) informing them you are closing your current account.
- After the above items have been completed, send written notice to the financial institution that you are closing the account.

Loudoun Credit Union: Overdraft Share Protection

Protect Yourself from Insufficient Fund Fees on your Share Draft Account.

Overdraft Protection is a service that not only saves you money but gives you peace of mind. Should you accidentally overdraw on your share draft account, overdraft protection will ensure that your share draft is covered, either with a transfer from your savings or by a short term loan. Choose the option that works best for you.

- Option A: When there are insufficient funds in your share draft account, the credit union will use your Overdraft Protection Loan* first, then use your Share (savings) account if needed.
- Option B: When there are insufficient funds in your share draft account, the credit union will automatically transfer the funds from you Share (savings) account first, then use your Overdraft Protection Loan* if needed.

*The current annual percentage rate is 16% when used. The payments will automatically be set up to withdraw from your share draft account on a monthly basis. Your payments are based on 4% on the line of credit you establish or \$25.00. The minimum limit is \$100.00; the maximum limit is \$2500.00. For example, if you wish to establish a limit of \$1,500.00, your minimum monthly payment based on 4% would be \$60.00.

REMEMBER: CHECKS CLEAR AGAINST AVAILABLE BALANCES ONLY.

Overdraft Loan Protection Application

Account Number: _____ Date: _____

Primary Name: _____ SSN: _____

Joint Name: _____ SSN: _____

Home Phone #: _____ Work Phone #: _____

Annual Salary: \$ _____ Rent/Mortgage: \$ _____ per month

Credit Limit Requested: \$ _____ (minimum \$100/maximum \$2,500)

Leave blank if you would like LCU to determine the limit based on credit eligibility.

We authorize the credit union to obtain records in connection with this application for credit and for any update, renewal or extension of the credit received. If requested, the credit union will give then name and address of any credit bureau from which it received a credit report. If denied, the credit union will send a notice as to why and if approved, the credit union will forward a credit agreement for my/our signature(s) to activate the loan. To activate the loan, sign the attached credit agreement.

Signature Primary Name

Signature Joint Name

Loudoun Credit Union: **Overdraft Share Protection**

Simply complete the application and return it to Loudoun Credit Union along with **proof of income** (two current pay stubs for each applicant).

Completed applications may be returned to:

Loudoun Credit Union
112A South Street, SE
Leesburg, VA 20175

If you have any questions, please call 703-777-4744 or email
Loans@loudouncu.com

CHANGE Direct Deposit

NOTE: Your employer may require completion of company specific forms.

Date

Name of Employer

Mailing Address

City, State, Zip

To Whom It May Concern:

You are currently depositing:

My entire check or

Part of my check to the following account # _____

Current Financial Institution

Financial Institution Routing Number

Account Number

Please STOP making deposits to the above account and instead CHANGE deposits to Loudoun Credit Union.

056080126

Loudoun Credit Union Routing Number

Account Number

____ Savings _____ Checking
(Select One)

If you have any questions about this request, please contact me at one of the following numbers:

Daytime Phone: _____ Evening Phone: _____

Name (please print)

Signature

Mailing Address

City, State, Zip

(Please deliver to your current employer.)

Change Automatic Payment/Deduction

This form is to be used for companies making automatic payments (car insurance etc.)

Date

Name of Company that makes automatic deduction

Mailing Address

City, State, Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ for my _____
Amount What Payment is For

_____, on _____ from the following account:
Account Number When

Present Financial Institution

Financial Institution Routing Number

Account Number

Please STOP making withdrawals from the above account and instead CHANGE TO from my Loudoun Credit Union account.

056080126
Loudoun Credit Union Routing Number

Account Number

_____ Savings _____ Checking
Select One

If you have any questions about this request, please contact me at one of the following numbers:

Daytime Phone: _____ Evening Phone: _____

Name (please print)

Signature

(Mail this form to the company listed above.)

Loudoun Credit Union: **START New Direct Deposit**

NOTE: Your employer may require completion of company specific forms.

(If you do not currently use Direct Deposit, complete this form.)

Member _____ Member No. _____

Employer _____ SSN/TIN _____

Phone Home () _____ Work () _____

- Initial Authorization
- Change in Authorization

I hereby authorize my Employer to deduct from my salary the amounts set forth below and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my Employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization.

Deposit Amount:

- Net Check
- \$ _____

Payroll Period:

- Weekly
- Biweekly
- Monthly
- Semi-Monthly

By signing below, I authorize Loudoun Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	\$ _____
Share/Savings	\$ _____
Money Market	\$ _____
Loan #	\$ _____
Loan #	\$ _____
IRA	\$ _____
Other	\$ _____
Other	\$ _____

Loudoun Credit Union Routing Number: **056080126**

X _____
Signature Effective Date