



Request for Share Draft Account

Please print legibly. For assistance with this form, please call us at (718) 847-0202.

Please complete entire form to avoid processing delays and then mail or fax to us.			
Mail: Eastern Operating Engineers Federal Credit Union Attention: Member Services 16-16 Whitestone Expressway Whitestone, N.Y. 11357		Fax: (718) 847-2525 Attention: Member Services New Account Number:	
Member Information			
Date:		Daytime Telephone:	
Name: (Last, First, Middle)		E-mail Address:	
Signature(s):		Social Security # / Taxpayer ID #:	
Funding the Account			
Your first set of checks is free with the opening of your account. Additional checks must be purchased by you and can be obtained by calling us at (718) 847-0202. There are no fees for maintaining this account.			
<input checked="" type="checkbox"/> X Transfer the following amount of money from my share account		Amount:	
<input type="checkbox"/> Deposit the enclosed money to my share draft account			
Check Order Information			
Style Code Desired:		Unless specified, we will order the Blue Safety (BSDS)	
Cover:	Starting Check #:	# of Boxes	Edge or Center Cut:
Please print information exactly as you would like it to appear on the check			
Name(s):			
Name(s):			
Address Line #1:			
Address Line #2:			
City, State Zip:			
Other (if desired):			
Disclosures			
By signing below, I/we acknowledge receipt of your Account Agreement and Disclosures booklet. I/we agree to be bound by the terms and conditions set forth in your Disclosure Statements and Account Agreements. I/we agree to conform to the Credit Union's Rules, Regulations, Bylaws, and Policies now in effect and as amended or adopted hereafter. I/we agree to pay any charges or fees which may be required or assessed under such Rules, Regulations, Bylaws, and Policies. I/we authorize you to check my credit and employment history and I/we understand that you may request and use credit reports when considering my/our application to open a share draft account. I understand to obtain an overdraft protection loan I must apply and be accepted.			
Signature:	Date:	Signature:	Date:

This person appeared before me _____ day of _____ 20 ____.

Notary Signature _____

Stamp

For Credit Union Use Only:

Opened in Fiserv: _____ Date: _____

Verified By: _____ Date: _____