

# City of Boston Credit Union NOW Checking Application

Please print this form and provide all of the requested information. When you have completed the form, sign and bring or mail it to Boston Credit Union, Room 242 City Hall, Boston, MA 02201; 305 Turnpike Street, Canton, MA 02021; 1010 Morrissey Boulevard, Dorchester, MA 02122; 130-132 West Broadway, South Boston, MA 02127 or 77 Spring Street, West Roxbury, MA 02132. Please note this is **NOT** an online application.

Allow two weeks to receive any/all of the following: checks, disclosures, fee schedules, rate sheet and ATM/Debit Card.

Note: if you are not a current City of Boston Credit Union member, please complete a New Membership Application, which includes application for a NOW Checking Account.

## MEMBER INFORMATION

Member Number \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
Residence Address (No P.O. boxes) \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

## CHECK ORDER INFORMATION

Style Code\*                      # of Boxes                      Starting No. Indicate starting number or new.

\*Standard Style is standard blue (Style Code BSDN), 150 checks per box. Additional styles available ranging in price. Visit [reorder.libertysite.com](http://reorder.libertysite.com) for available styles.

Print the information that will appear on your checks (name, address, phone, etc.)

Line 1. \_\_\_\_\_  
Line 2. \_\_\_\_\_  
Line 3. \_\_\_\_\_  
Line 4. \_\_\_\_\_  
Line 5. \_\_\_\_\_  
Line 6. \_\_\_\_\_

CHOOSE A TYPE STYLE (choose one): \_\_\_\_\_ HELVETICA (standard) or \_\_\_\_\_ CURSIVE

SHIP TO (choose one): \_\_\_\_\_ Address on Checks or \_\_\_\_\_ Pick up at CBCU (which location? City Hall, Canton, Dorchester, South Boston or West Roxbury)

Please note that your first box of checks is FREE if you will have direct deposit of your payroll check to your new City of Boston Credit Union Checking Account. Thereafter and/or without direct deposit of payroll check the per box fee you select from our vendor will be deducted from your account, cost per box varies by style chosen. To see available styles visit [reorder.libertysite.com](http://reorder.libertysite.com) or contact a Member Service Representative at 617-635-4545.

## REQUEST FOR PHOTO IMAGES OF CHECKS

To have Photo Images of checks that have cleared your account added to your monthly statement please sign below.

Yes, add Photo Images of cleared checks to my monthly statement. Signature: \_\_\_\_\_

## REQUEST FOR OVERDRAFT PROTECTION

We offer Overdraft Protection to members with a NOW (checking) Account. This allows the credit union to automatically transfer any available funds from your savings or money market account to your checking account to cover any checks presented to the credit union for payment which would otherwise be returned for insufficient funds. You will be charged a \$2.00 service fee for any transfer that is made regardless of whether it covers one check or several checks in any one day. If you wish to have your account set up for overdraft protection, check the yes box and sign below.

Yes, add Overdraft Protection to my Checking Account. Signature: \_\_\_\_\_

## DEBIT CARD REQUEST

Yes, I would like a Debit Card to access my Now Share Draft Checking Account.

ADDITIONAL DEBIT CARD REQUEST (Joint owner must be joint on accounts for Debit access)

Joint Owner: First: \_\_\_\_\_ Last: \_\_\_\_\_ SS#: \_\_\_\_\_

### AUTHORIZATION/SIGNATURES

I request a City of Boston Credit Union Debit Card and a randomly selected personal identification number (PIN). I understand that use of the Debit Card is subject to the terms in the Debit Card brochure which will be provided with the card. I agree to read and familiarize myself with the terms and all other requirements in that brochure and the Electronic Fund Transfers: Rights & Responsibilities disclosure before signing. I understand that by using the card or permitting others to use it, I will consent to the terms. This form must be signed before submitting it.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Date

## TRANSFER/DEPOSIT/PAYROLL DEDUCTION REQUEST

Select one of the following options to open your NOW Checking Account.

- 1) Please transfer \$ \_\_\_\_\_ from my Account # \_\_\_\_\_ to open my NOW Checking Account.
- 2) Attached is a check payable to City of Boston Credit Union to open my NOW Checking Account.
- 3) Please start Payroll Deduction from my payroll check to my NOW Account. Please deduct \$ \_\_\_\_\_ from my payroll for my NOW Account. Deductions will be taken with each payroll either weekly, monthly, semi-monthly or bi-weekly depending on your payroll schedule.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

## AUTHORIZATION/SIGNATURES

Upon receipt of your Application, you will receive an "Understanding Your Account" Terms and Conditions brochure, a NOW Account Rules and Regulations brochure and when applicable payroll change card(s), receipt for your initial deposit or transfer, and a signature card (card must be completed & signed by both member and any joint members.) Read the information then sign and return applicable cards promptly.

I agree to and will read and familiarize myself with the terms provided in these brochures.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Date