

LPSCU Branch Deposit Program

[] OPEN ACCOUNT

Name on Account _____

Address _____

Two (2) Signatures are required for withdrawal:

Signor # 1

Name _____
Please print or type

Signature

Signor # 2

Name _____
Please print or type

Signature

[] DEPOSIT

Name on Account _____

Amount of Deposit \$ _____

[] WITHDRAWAL ***TWO (2) SIGNATURES ARE REQUIRED***

Name on Account _____

Amount of Withdrawal \$ _____

Check payable to _____

Address if payable
to other than branch
or district _____

Authorized Signature

Authorized Signature