

Checking Account Application

You must be a member with a \$50 GEICO FCU Share Savings account before you apply for a checking account.

Account Holder Name

Social Security Number

Date Of Birth

Address

City, State, ZIP

Home Phone Number

Work Phone Number

E-mail Address

Joint Owner Name (if applicable)

Social Security Number

Date Of Birth

City, State, ZIP

Home Phone Number

Work Phone Number

E-mail Address

Please open a checking account for me.

Please send me a Visa® Check Card or
 an ATM Card.

Please sign me up for Online Banking.

Account Holder Signature

Date

Joint Owner Signature

Date

Please mail this form to our main office address.

Do not fax.

Redirect My Automatic Payment

I'm moving my checking account to GEICO FCU. I need to change my automatic payment.

Company Making Withdrawal

Automatic Payment Account Number

Frequency/Amount Of Payment

My Name

Social Security Number

Date Of Birth

Address

City, State, ZIP

Home Phone Number

Work Phone Number

Please redirect my automatic payment to my checking account at:

GEICO Federal Credit Union
One Geico Plaza
Washington, DC 20076

Checking Account # _____

GEICO FCU Routing and Transit Number: 255076928

I authorize the change in my automatic payment, beginning _____ (mm/dd/yy).

Account Holder Signature

Date

Please send this form to the company that receives your automatic payment. GEICO FCU cannot cancel any automatic debits originating with another company.

Redirect My Automatic Credit

I'm moving my checking account to GEICO FCU. I need to change my payroll deposit/automatic credit.*

Company/Individual Funds Withdrawn From

Account Number

Frequency/Amount Of Payment

My Name

Social Security Number

Date Of Birth

Address

City, State, ZIP

Home Phone Number

Work Phone Number

*For government agencies, use Form 1199A Direct Deposit for setting up or switching your deposit.

Please redirect my automatic credit to my checking account at:

GEICO Federal Credit Union
One Geico Plaza
Washington, DC 20076

Checking Account # _____

GEICO FCU Routing and Transit Number: 255076928

I authorize the change in my direct deposit, beginning _____ (mm/dd/yy).

Account Holder Signature

Date

Please send this form to the company that sends your automatic credit/Direct Deposit (employers, investment company, Social Security, child support, etc.). GEICO FCU cannot redirect any automatic credits originating with another company or individual.

Please Close My Account

Make sure all your checks have cleared and all automatic payments or deposits have been stopped or redirected to your new account before closing your old account.

Account Holder Name

Social Security Number

Date Of Birth

Address

City, State, ZIP

Home Phone Number

Work Phone Number

Please close my account at:

Financial Institution

Checking Account Number

Please select one:

Please mail the balance of my checking account to my home address above.

Please deposit the balance in my checking account at GEICO FCU.

GEICO FCU Checking Account Number:

GEICO FCU Routing Number: 255076928

GEICO Federal Credit Union
One Geico Plaza
Washington, DC 20076

I authorize the closing of this account.

Account Holder Signature

Date