



# Lifestyle Plus Club Application

Please "X" only one:  New enrollment

Change of information

## Primary Member

Please PRINT all information carefully

First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (        ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail \_\_\_\_\_

## Secondary Member

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone (        ) \_\_\_\_\_

E-mail \_\_\_\_\_

To qualify for Lifestyle Plus, you must have a personal checking account and a combined average deposit relationship of at least \$10,000 with Washington Financial Bank at time of application.

Please sign, date, and return this application to any branch office or mail to Washington Financial, 190 North Main Street, Suite 400, Washington, PA 15301.

Primary member signature \_\_\_\_\_ Date \_\_\_\_\_

Secondary member signature \_\_\_\_\_ Date \_\_\_\_\_

### *For internal use only*

Primary Customer Number \_\_\_\_\_ Secondary Customer Number \_\_\_\_\_

Completed By \_\_\_\_\_ Date Completed \_\_\_\_\_