



For Internal Use Only
LiLA Participant # _____
Date Received _____
Date Approved _____

EMPLOYEE BANK ACCOUNT APPLICATION FORM

(Please return to your employer)

Please complete the form below to establish your LiLA account. A no-fee, “For Benefit Of (FBO)” savings account will be established for you by the LiLA Program Administrator at West Coast Bank, Olympia Westside Branch, 2850 Harrison Avenue NW, Olympia, WA 98502.

In addition to the information requested below, you will need to attach the following document:

- 1) Signed W-9 (Attached) to certify tax identification number.

PRIMARY ACCOUNT HOLDER

Name

Social Security Number

Physical Home Address

Date and Place of Birth

City, State, ZIP

Driver’s License Number and State

Mailing Address if Different

Mother’s Maiden Name

Work Phone

Employer

Occupation

SECONDARY ACCOUNT HOLDER

Name

Social Security Number

Physical Home Address

Date and Place of Birth

City, State, ZIP

Driver’s License Number and State

Mailing Address if Different

Mother’s Maiden Name

Work Phone

Employer

Occupation