

Application for a Checking Account

PLEASE PRINT

Member Name _____ Member # _____

Birth Date: _____ Social Security Number: _____

Address: _____
Street City / State Zip Home Phone

Drivers License# _____ State Issued: _____

Employer's Name _____ Phone: _____

Address: _____
Street City / State Zip Home Phone

Have you or joint account holders ever had a checking account with another financial institution, including Access Credit Union?

Yes _____ No _____

If yes, name of financial institution: _____

Is/Are the account(s) presently open? Yes _____ No _____

FOR JOINT ACCOUNT ONLY

Joint Account Holder Name: _____

Address: _____
Street City / State Zip Home Phone

Drivers License # _____ State Issued _____

Birth Date _____ Social Security Number _____

Employer's Name _____ Phone _____

Address _____
Street City / State Zip Home Phone

I/WE HEREBY AUTHORIZE ACCESS CREDIT UNION TO OBTAIN ANY INFORMATION, INCLUDING A CREDIT REPORT, WHICH MAY BE REQUIRED PERTAINING TO THIS APPLICATION. I/WE UNDERSTAND THAT THE INFORMATION WILL REMAIN CONFIDENTIAL.

Signature **Date**

Joint Signature **Date**

() Debit Card () Overdraft transfer from savings () Overdraft Line of Credit Loan

The overdraft protection program is designed to meet our member's needs for protection against the inconvenience and cost of a dishonored check. It is not designed to handle frequent automatic transfers. The line of credit loan is designed as an emergency method to cover overdrafts.

FOR OFFICE USE ONLY

Approved	Denied	Reason	Date	By (Opr #)