

Application for Products and Services

ACCOUNT NUMBER:

<u>Applicant Name:</u>	<u>SSN:</u>	<u>Birthdate:</u>	<u>MMN:</u>
<u>Physical Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<u>Home Phone:</u>	<u>Work Phone:</u>	<u>Cell Phone:</u>	

<u>Co-Applicant Name:</u>	<u>SSN:</u>	<u>Birthdate:</u>	<u>MMN:</u>
<u>Physical Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<u>Home Phone:</u>	<u>Work Phone:</u>	<u>Cell Phone:</u>	

<u>Co-Applicant Name:</u>	<u>SSN:</u>	<u>Birthdate:</u>	<u>MMN:</u>
<u>Physical Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<u>Home Phone:</u>	<u>Work Phone:</u>	<u>Cell Phone:</u>	

<p>Services Requested</p> <input type="checkbox"/> Direct Deposit / Payroll Deduction <i>(Separate form required)</i> <input type="checkbox"/> Overdraft Protection / Account No. <input type="checkbox"/> VISA Check Card <input type="checkbox"/> Co-Applicant VISA Check Card <input type="checkbox"/> ATM Card <input type="checkbox"/> Checking Access <input type="checkbox"/> Share Savings Access <input type="checkbox"/> Both <input type="checkbox"/> Co-Applicant ATM Card <input type="checkbox"/> Touch Tone Teller	<p>Free Online Services (Available through our Web site www.selccu.org)</p> <ul style="list-style-type: none"> * SELCCU Online * Bill Pay * E- Statements * E-News Email: <p>All members with e-mail address will receive information on special events and promotions.</p>
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Rev 09/2015

Checking Accounts Minimum deposit to open is \$25. Allow 10-14 business days to receive your checks by mail. See rate schedule for fees.
 Secure Young Adult Checking

- Secure Checking
- Secure Plus Checking
- Basic Checking

- Check Style Code:
1. Names on Checks: Applicant Only Applicant and Co-Applicant
 2. Would you like to have your phone number and/or different address on your checks: Yes No
- Phone: _____
Address: _____
3. Beginning Check No. : _____

Signatures By signing below, the undersigned has applied for membership with SELCCU; agrees to its by-laws and the terms and conditions of any approved account, as amended from time to time; and authorizes SELCCU to verify credit and employment history by any necessary means, including preparation of the credit report by a credit reporting agency. The undersigned certifies that the information provided on the application is true and correct, and that the term on the application apply to all accounts held by the undersigned at this credit union. The undersigned acknowledges receipt of the named disclosures and the terms that apply to the above referenced accounts.

X _____
Applicant Signature Date

X _____
Co-Applicant Signature Date

X _____
Co-Applicant Signature Date

Office Use Only

Completed By: _____ Date: _____
 Operations: _____ Checks: _____ VISA: _____ ChexSystems/OFAC: _____