



CHECKING/SAVINGS ACCOUNT APPLICATION

Please print this form, fill it out and fax to:
(724) 375-1938

Account Information

Will there be a co-applicant on this application: Yes No

I am interested in:

Checking Account

Type of Checking Account: _____

Initial Deposit Amount: \$ _____

Source of Deposit:

Transfer from a current account. Account Number: _____

I will transfer funds from another institution.

I will mail a check/money order.

Other. (please describe) _____

Savings Account

Type of Savings Account: _____

Initial Deposit Amount: \$ _____

Source of Deposit:

Transfer from a current account. Account Number: _____

I will transfer funds from another institution.

I will mail a check/money order.

Other. (please describe) _____

Other Account

Description: _____

Initial Deposit Amount: \$ _____

Source of Deposit:

Transfer from a current account. Account Number: _____

I will transfer funds from another institution.

I will mail a check/money order.

Other. (please describe) _____

I am also interested in:

ATM Card

ATM and Check/Debit Card

Credit Card

Direct Deposit

Other. (please describe) _____

Primary Applicant

Last Name:

Member Name:

First Name:

Middle Name:

Social Security Number (TIN):

Date of Birth:

Home Phone Number:

Work Phone Number:

Other Phone Number:

Email Address:

Drivers License #:

Drivers License State:

Mother's Maiden Name:

Present Employer Name

Home Address

Address 1:

Address 2:

City:

State, Zip:

Co-Applicant

Last Name:

Member Number:

First Name:

Middle Name:

Social Security Number (TIN):

Date of Birth:

Home Phone Number:

Work Phone Number:

Other Phone Number:

Email Address:

Drivers License #:

Drivers License State:

Mother's Maiden Name:

Present Employer Name:

<i>Home Address:</i>	
Address 1:	
Address 2:	
City:	State, Zip
Additional Information	
How would you like to be contacted? <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Other Phone <input type="checkbox"/> Email Address <input type="checkbox"/> Other:	
Special Instructions/Comments:	
Signatures	
Primary Applicant Signature:	Date:
Co-Applicant Signature:	Date: