

## Santo Christo FCU Checking/Savings Account Application

Please print this form, fill it out and fax to **508-673-6403**

Account Information	
Will there be a co-applicant on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am interested in: <input type="checkbox"/> <b>Checking Account</b> Type of Checking Account: _____ Initial Deposit Amount: \$ _____ Source of Deposit: <input type="checkbox"/> Transfer from a current account. Account Number: _____ <input type="checkbox"/> I will transfer funds from another institution. <input type="checkbox"/> I will mail a check/money order. <input type="checkbox"/> Other. (please describe) _____ <input type="checkbox"/> <b>Savings Account</b> Type of Savings Account: _____ Initial Deposit Amount: \$ _____ Source of Deposit: <input type="checkbox"/> Transfer from a current account. Account Number: _____ <input type="checkbox"/> I will transfer funds from another institution. <input type="checkbox"/> I will mail a check/money order. <input type="checkbox"/> Other. (please describe) _____ <input type="checkbox"/> <b>Other Account</b> Description: _____ Initial Deposit Amount: \$ _____ Source of Deposit: <input type="checkbox"/> Transfer from a current account. Account Number: _____ <input type="checkbox"/> I will transfer funds from another institution. <input type="checkbox"/> I will mail a check/money order. <input type="checkbox"/> Other. (please describe) _____	
I am also interested in: <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM and Check/Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other (please describe) _____	
Primary 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:
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 prefer 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:
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