



Checking/Savings Account Application

Please print this form, fill it out and fax to 425-252-9377

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 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:

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:
Number of Dependents:	Age of Dependents:
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?

- Home Phone
- Work Phone
- Other Phone
- Email Address
- Other:

Special Instructions/Comments:

Signatures

Primary Applicant Signature:	Date:
Co-Applicant Signature:	Date: