

Sorg-Bay West Federal Credit Union Checking/Savings Account Application

Please print this form, fill it out and fax to **513.422.1692**

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"/> Checking Account 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"/> Savings Account 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"/> Other Account 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: