

CHECKING ACCOUNT INFORMATION FORM

Please print and complete this form. Once you have completed the form you will need to bring it to one of our convenient locations to finish the process. Present the form along with a valid driver's license and social security card to complete opening the account.

TYPE OF ACCOUNT: _____ **Freedom**
 _____ **PC Platinum**

INDIVIDUAL ACCOUNT

Name

Street Address

City, State, ZIP

Mailing address (if different)

Home phone Work phone

E-mail address

PRIMARY ACCOUNT HOLDER INFO.

Social Security Number

Driver's License Number

Date of Issue Date of Expiration

Date of Birth

Signature

JOINT ACCOUNT

Name

Street Address (if different)

City, State, ZIP

Mailing address (if different)

Home phone Work phone

E-mail address

JOINT ACCOUNT HOLDER INFO.

Social Security Number

Driver's License Number

Date of Issue Date of Expiration

Date of Birth

Signature