

1100 Green Street Washington, PA 15301 (724) 229-0720 Fax: (724) 222-4458

## **Checking/Savings Account Application**

ACCOUNT INFORMATION								
Member Number:								
Will there be a co-applicant on this ap	oplication?	No Yes - complet	te the CO-APPLICANT	section				
I am interested in:								
Checking Account								
Type of Checking Account:								
Initial Deposit Amount: \$								
Source of Deposit								
Transfer from a current acco	unt. Account Nu	mber:						
Transfer funds from another	institution							
Mail Check/money order								
Other - Specify:								
Savings Account								
Type of Savings Account:								
Initial Deposit Amount: \$								
Source of Deposit								
Transfer from a current acco	unt. Account Nu	mber:						
Transfer funds from another	institution							
Mail Check/money order								
Other - Specify:								
Other Account								
Account Type:								
Initial Deposit Amount: \$								
Source of Deposit								
Transfer from a current acco	unt. Account Nu	mber:						
Transfer funds from another	institution							
Mail Check/money order								
Other - Specify:								
DDIMARY ADDI ICANT								
PRIMARY APPLICANT  LAST NAME			FIRST NAME				MI	
LAST NAIVIE			FIRST NAME				IVII	
DATE OF BIRTH	SOCIAL SECURI	TY NUMBER	HOME ADDRESS					
DRIVER'S LICENSE NUMBER/STATE	DRIVER'S LICEN	ISE EXPIRATION DATE	CITY		STATE	ZIP		
HOME PHONE	WORK PHONE/E	XT.	OWN REN	OWN RENT		LENGTH AT RESIDENCE		
OTHER PHONE	MOTHER'S MAIDEN NAME		EMAIL ADDRESS	EMAIL ADDRESS				
EMPLOYMENT								
NAME AND ADDRESS OF CURRENT EMPLOYI	ER							
PHONE		START DATE		JOB TITL	.E			
		<u> </u>						



FEDERAL 1100 Green Street

CREDIT Washington, PA 15301

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CO-APPLICANT									
LAST NAME	FIRST NAME					MI			
DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME ADDRESS						
DRIVER'S LICENSE NUMBER/STATE	DRIVER'S LICEN	SE EXPIRATION DATE	CITY			STATE	ZIP	ZIP	
HOME PHONE	WORK PHONE/EXT.		OWN RENT		LENGTH AT RESIDENCE				
OTHER PHONE	MOTHER'S MAIE	EN NAME	EMAIL ADDRESS						
EMPLOYMENT									
NAME AND ADDRESS OF CURRENT EMPL	OYER								
					I				
PHONE	START DATE			JOB TITLE					
SIGNATURE(S)									
Checking/Savings Account Agr I/We hereby authorize the Credit I by any of us) and to charge all sur Account" agreement.	Union to establish t	nis Checking/Savings A							
It is further agreed that:  (a) Only checks and other method (b) The Credit Union is under may, however, pay such check Account from which any owner (c) The Credit Union may pay appearing on the check.  (d) When paid, checks become (e) Except for negligence, the (f) Any objection respecting and days after the statement is profiged.	no obligation to pay as and transfer fund as is then eligible to a check on whatever the property of the Credit Union is not y item shown on a livided.	a check that exceeds is to this Account in the withdraw funds. It day it is presented for Credit Union and will liable for any action it to periodic statement of the	the fully paid and amount of the corporation of the	d collected checresulting overdra vithstanding the or either with the p the payment or r aived unless ma	king balance ft, plus servi date (or any periodic state nonpayment de in writing	e in this Accounce charge, from limitation on the ment of this Ac of a check. to the Credit U	m any other Cr he time of payn ccount or other Union before th	edit Union nent) wise.	
ADDITIONAL TERMS AND CON		uthorized to recognize	any of the appl	icante subscribo	d on this doc	sument hereof	in the navment	t of funds or	

By completing this form, the Credit Union is hereby authorized to recognize any of the applicants subscribed on this document hereof in the payment of funds or the transaction of any business for this Account. The joint owners of this Account hereby agree with each other and with the Credit Union that all sums now paid in on funds, or heretofore or hereafter paid in on funds by any or all of said joint owners to their credit union as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge the Credit Union from any liability for such payment. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to the Credit Union which shall not affect transactions theretofore made prior to receipt of said written notice.

CO-APPLICANT'S SIGNATURE

DATE

PRIMARY APPLICANT'S SIGNATURE

DATE