



CHECKING/SAVINGS ACCOUNT APPLICATION

Complete BOTH pages of this form (digitally or on a printed copy) and fax it to 214-357-3299.

ACCOUNT INFORMATION

I am interested in (check all that apply):

Checking Account

Type of Checking Account _____

Initial Deposit Amount \$ _____

Source of Deposit:

Transfer from a current RelyOn account.

Acct No: _____

I will transfer funds from another institution.

I will mail a check or money order.

Other. Please describe: _____

Savings Account

Type of Savings Account _____

Initial Deposit Amount \$ _____

Source of Deposit:

Transfer from a current RelyOn account.

Acct No: _____

I will transfer funds from another institution.

I will mail a check or money order.

Other. Please describe: _____

Other Account

Type of Account _____

Initial Deposit Amount \$ _____

Source of Deposit:

Transfer from a current RelyOn account.

Acct No: _____

I will transfer funds from another institution.

I will mail a check or money order.

Other. Please describe: _____

I am also interested in:

Debit Card

Credit Card

Direct Deposit

Other. Please describe: _____

Will there be a co-applicant for this application? Yes No

PRIMARY APPLICANT

CO-APPLICANT (if any)

Last Name _____

First Name _____

Middle Name _____

Member No. _____

Social Security No. or TIN _____

Date of Birth _____

Home Phone No. _____

Work Phone No. _____

Other Phone No. _____

Email Address _____

Drivers License No. _____

Drivers License State _____

Mother's Maiden Name _____

Present Employer Name _____

Home Address _____

City, State, Zip _____



CHECKING/SAVINGS ACCOUNT APPLICATION *(continued)*

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ADDITIONAL INFORMATION

How do you prefer to be contacted?

_____ Home phone

_____ Work phone

_____ Other phone

_____ Email

_____ Other. Please describe: _____

Special instructions or comments:

SIGNATURES

Primary Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____