

Triangle FCU Checking/Savings Account Application

Please print this form, fill it out and fax to **662-434-8406**

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:	