

**Shuford Federal Credit Union**  
**882 16<sup>th</sup> Street NE**  
**Hickory, NC 28601**  
**828-568-1234**



## Checking Account Application

**ALL fields required**

I wish to open a:

Basic

Premium

Premium Plus

Platinum Checking

I will be having a Direct Deposit  yes  no

I will be making my deposit by other means  yes  no  
(Mailed, personal visit, etc.)

(You may either have your entire check direct deposited or a partial of your check deposited.)

Name of Employer: \_\_\_\_\_

I get paid:

Weekly  Bi-Weekly  Monthly

### Member Information:

Account Number \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers Lic. Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I wish to order checks  yes  no

\*I only want a Debit Card  yes  no **CHECKS/ DEBIT CARD**  
\*(need to sign Debit Card application)

CO-APPLICANT INFORMATION (FOR JOINT ACCOUNTS):  
NOTE:

All fields are required if you choose joint account

Member Information:

Account Number \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers Lic. Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Authorization, Agreement of Terms and Signature

In compliance with the USA Patriots Act and other applicable Federal Laws, I certify that the information provided in this Application is true and correct and authorization is hereby granted for the Credit Union to determine its accuracy, verify my identity and establish membership eligibility.

I understand it is my responsibility to keep my account in good standing. If there are any NSF/ODP fees that occur, I am responsible to pay them as well as any negative balance. Failure to do so could result in other means of collection, which could mean legal action.

**Signatures:**

\*Full name:

Co-applicant's (if applicable) full name:

\*Date: