

Equitable Federal Credit Union Application for Services

Fax: 330-633-7607

I am Interested in applying for –

Debit Card Checking Account Both Debit Card & Checking Account

I would like to have home banking access

PRIMARY APPLICANT

Member # :	SSN :
First Name :	Last Name :
Birth Date :	Email Address :
Work # :	Home # :
Cell # :	Mother's Maiden Name :
Driver's License # and State :	
Present Employer Name :	
Home Address # 1 :	
Home Address # 2 :	
City :	State & Zip :
SIGNATURE :	DATE :

CO-APPLICANT

Member # :	SSN :
First Name :	Last Name :
Birth Date :	Email Address :
Work # :	Home # :
Cell # :	Mother's Maiden Name :
Driver's License # and State :	
Present Employer Name :	
Home Address # 1 :	
Home Address # 2 :	
City :	State & Zip :
SIGNATURE :	DATE :

By signing this application I hereby authorize Equitable Federal Credit Union to access my Credit Bureau Report in Consideration for credit union services. Please refer to the fee schedule included with this application for charges associated with these services.