



My Application

34 Seasons Dr. Winterville, VT, 54032
Phone: (123) 456-7890 Fax: (123) 456-7895
Seasonscu.org

Personal Information

Name: _____ SSN: _____ Birth Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone-Home: _____ Work: _____ Cell: _____

Email Address: _____ Employer: _____

Mother's Maiden Name: _____ Security Password: _____

I Want These Accounts and These Services

- | | |
|---|---|
| <input type="radio"/> Savings Account (\$ 10 minimum balance) | <input type="radio"/> I Want Direct Deposit |
| <input type="radio"/> Checking Account (totally free) | <input type="radio"/> I want a Debit/Check/ATM Card |
| <input type="radio"/> Debit Account | <input type="radio"/> I want Online Banking & eStatements |
| <input type="radio"/> Certificate of Deposit | <input type="radio"/> I don't want Overdraft Protection |
| <input type="radio"/> Individual Retirement Account (IRA) | <input type="radio"/> I don't want Courtesy Pay |
| <input type="radio"/> Money Market | <input type="radio"/> I want eDeposit |
| <input type="radio"/> Vacation Club | <input type="radio"/> I want Paper Statements |
| <input type="radio"/> Holiday Club | |

I Need a Loan

I need a Car/Auto loan for \$: _____

I need a Motorcycle/ATV loan for \$: _____

I need a Boat/Watercraft loan for \$: _____

I need a Mortgage loan for \$: _____

Other loan for \$: _____

Applicant Signature: _____ Date: _____

Manager Signature: _____ Date: _____