



Better Banking.

Checking/Savings Account Application

JOIN SAC FCU

Please complete this form and send to the address shown below: SAC FEDERAL CREDIT UNION, P.O. Box 1149, Bellevue, NE 68005-1149



SAC FCU | 402 292 8000 | www.sacfcu.com

Account Information

Will there be a co-applicant on this application? If Yes, the co-applicant has the same required fields as the primary applicant.

Yes

No

I am interested in:

Checking Account

Type of Checking Account _____

Initial Deposit Amount \$ _____

Source of Deposit:

Transfer from a current account Account Number _____

I will transfer funds from another financial institution

I will mail a check/money order

Other (please describe) _____

Savings Account

Type of Savings Account _____

Initial Deposit Amount \$ _____

Source of Deposit:

Transfer from a current account Account Number _____

I will transfer funds from another financial institution

I will mail a check/money order

Other (please describe) _____

Other Account

Description _____

Initial Deposit Amount \$ _____

Source of Deposit:

Transfer from a current account Account Number _____

I will transfer funds from another financial institution

I will mail a check/money order

Other (please describe) _____

I am also interested in:

ATM Card

ATM and Check/Debit Card

Credit Card

Other (please describe) _____



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*Required Field

Primary Applicant

*Member Number _____

*Last Name _____

*First Name _____

Middle Name _____

*Social Security # _____ — _____ — _____

*Date of Birth _____

*Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Drivers License # _____

Drivers License State _____

Mother's Maiden Name _____

Present Employer _____

*Home Address _____

*City _____

*State _____

*Zip _____



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*Required Field

Co-Applicant

*Member Number _____

*Last Name _____

*First Name _____

Middle Name _____

*Social Security # _____ — _____ — _____

*Date of Birth _____

*Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Drivers License # _____

Drivers License State _____

Mother's Maiden Name _____

Present Employer _____

*Home Address _____

*City _____

*State _____

*Zip _____



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* Required Field

Additional Information:

How would you prefer to be contacted?

- Home Phone
- Work Phone
- Cell Phone
- Email
- Other (please describe) _____

Special Instructions/Comments:

Primary Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____