



## Checking Account Application

All fields marked with \* are required to submit this form.

**Account Type:**

Regular Account

Gold Crown Account

**Member Number:**

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**First Name:**

---

**Middle Initial:**

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**LastName:**

---

**Drivers License Number:**

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**State of License:**

---

**Social Security Number:**

---

**Daytime Phone:**

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**Evening Phone:**

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**Email Address:**

---

**Fax Number:**

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**Initial Deposit: Indicate the source and amount of your deposit.:**

I am funding my Checking Account with Direct Deposit

Check or Money Order

Transfer from Account

**Check or Money Order Amount:**

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**Account Number(s):**

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**Amount:**

---

**Account Number(s):**

---

**Amount:**

---

**First Full Name On Account:**

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**Second Full Name On Account:**

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**Present Street Address:**

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**City:**

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**State:**

---

**Zip:**

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**Phone Number (optional):**

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Check Here if You Want a New Checkbook Cover.

**Joint Owner(1):**

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**Social Security Number(1):**

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**Driver License Number(1):**

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**State of License(1):**

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**Joint Owner(2):**

---

**Social Security Number(2):**

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**Driver License Number(2):**

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**State of License(2):**

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**Signature**

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Akron Branch  
100 Wheeler St., Akron, OH 44311

Salem Branch  
1446 Franklin Ave., Salem, OH 44460

