

Dakotaland FCU Checking/Savings Account Application

Please print this form, fill it out and fax to **605-352-2852**

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Account Information	
Will there be a co-applicant on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>I am interested in:</p> <p><input type="checkbox"/> Checking Account Type of Checking Account: _____ Initial Deposit Amount: \$ _____ Source of Deposit: <input type="checkbox"/> Transfer from a current account. Account Number: _____ <input type="checkbox"/> I will transfer funds from another institution. <input type="checkbox"/> I will mail a check/money order. <input type="checkbox"/> Other. (please describe) _____</p> <p><input type="checkbox"/> Savings Account Type of Savings Account: _____ Initial Deposit Amount: \$ _____ Source of Deposit: <input type="checkbox"/> Transfer from a current account. Account Number: _____ <input type="checkbox"/> I will transfer funds from another institution. <input type="checkbox"/> I will mail a check/money order. <input type="checkbox"/> Other. (please describe) _____</p> <p><input type="checkbox"/> Other Account Description: _____ Initial Deposit Amount: \$ _____ Source of Deposit: <input type="checkbox"/> Transfer from a current account. Account Number: _____ <input type="checkbox"/> I will transfer funds from another institution. <input type="checkbox"/> I will mail a check/money order. <input type="checkbox"/> Other. (please describe) _____</p>	
<p>I am also interested in:</p> <p><input type="checkbox"/> ATM Card <input type="checkbox"/> ATM and Check/Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other (please describe) _____</p>	
Primary Applicant	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security Number (TIN):	Date of Birth:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
Mother's Maiden Name:	Present Employer Name:
<i>Home Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Co-Applicant	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security Number (TIN):	Date of Birth:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
Mother's Maiden Name:	Present Employer Name:
<i>Home Address</i>	
Address 1:	

Address 2:	
City:	State, Zip:
Additional Information	
How would you prefer to be contacted?	
<input type="checkbox"/> Home Phone	
<input type="checkbox"/> Work Phone	
<input type="checkbox"/> Other Phone	
<input type="checkbox"/> Email Address	
<input type="checkbox"/> Other:	
Special Instructions/Comments:	
Signatures	
Primary Applicant Signature:	Date:
Co-Applicant Signature:	Date: