

New Account Information Sheet



ACCOUNT # _____

Primary Member

Name _____
First Middle Last

SSN _____ DOB _____

Address _____
Street
City State Zip

Home/Work/Cell # _____ Home/Work/Cell # _____
CIRCLE ONE CIRCLE ONE

Driver's License Number _____ State _____

Email Address _____

For Credit Union Membership do you: live work worship in Bell County?
CIRCLE ALL THAT APPLY

IN ACCORDANCE WITH SECTION 326 OF THE US PATRIOT ACT OF 2000, GREATER CENTRAL TEXAS FEDERAL CREDIT UNION IS REQUIRED TO OBTAIN AND VERIFY COPIES OF THE DOCUMENTS THAT IDENTIFY EACH PERSON WHO OPENS AN ACCOUNT. THIS NOTICE IS BEING PROVIDED TO YOU FOR ADEQUATE NOTICE UNDER THIS ACT.

I AUTHORIZE GCTFCU TO OBTAIN A CHEXSYSTEM AND/OR CONSUMER CREDIT REPORT AND TO VERIFY STATEMENTS MADE IN THIS APPLICATION.

Signature _____ Date _____

CU STAFF _____
CHEXSYSTEMS DATE SIGNATURE

Joint Member or Custodian or Authorized Signer

Name _____
First Middle Last

SSN _____ DOB _____

Address _____
Street
City State Zip

Home/Work/Cell # _____ Home/Work/Cell # _____
CIRCLE ONE CIRCLE ONE

Driver's License Number _____ State _____

Email Address _____

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Signature _____ Date _____

CU STAFF _____
CHEXSYSTEMS DATE SIGNATURE