

CHECKING APPLICATION

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	Please complete the application here, then print it out, sign	and return to So	uthern Security v	via mail, fax or in-pers	son.
	MEMBER ACCOUNT NUMBER				
	NAME				
	SOCIAL SECURITY NUMBER	DATE OF BIRTH			
- Z	ADDRESS				
도 모	CITY		STATE	ZIP	
ц У Ц	HOME PHONE	CELL PHONE	<u>I</u>		
P L	DRIVERS LICENSE # OR STATE/FEDERAL ID	, ,		STATE ISSUED	
	EMPLOYER		WORK PHON	NE	
	OCCUPATION/TITLE] \ /	DATE STARTED	
	EMAIL				
PLEASE PRINT	Joint owner must already be a joint owner on the Share (Savings) account. If not, please contact the credit union for further instructions.				
	MEMBER ACCOUNT NUMBER				
	NAME				
	SOCIAL SECURITY NUMBER	DATE OF BIRTH			
	ADDRESS				
	CITY		STATE	ZIP	
	HOME PHONE	CELL PHONE			
	DRIVERS LICENSE # OR STATE/FEDERAL ID	1		STATE ISSUED	
	EMPLOYER		WORK PHON	I NE	
-	OCCUPATION/TITLE		1	DATE STARTED	
	EMAIL				
1	Debit MasterCard or Express Teller (ATM) Card would like to apply for a Southern Security: (check one) understand that if I am not approved for the Debit MasterCard, an ATM card will be substituted. Number of Cards Requested – joint application only (check one)	and end your pri- account will auto ELECTRONIC FU	vileges. Also, the c matically terminate NDS TRANSFER A	oroperty and can be car closing of your designat e your card privileges. AGREEMENT: For the la curity.org or contact So	ed checking atest EFT
I tl	□ Primary Card □ Joint Card authorize the credit union to obtain information to check my credit records for ne purpose of determining eligibility for this account.CHANGING OUR GREEMENT: Southern Security can change the terms of this Agreement, including the charges relating to the use of either card, at any time. If the law	MEMBER SIGNATURE			DATE
ir	ncluding the charges relating to the use of either card, at any time. If the law equires us to notify you in a certain way, we will do so.	JOINT OWNER SIGNATURE			DATE
		FOR OFFICE USE	ONLY: S7 type	Date	T#