

# Lowland Credit Union Checking/Savings Account Application

Please print this form, fill it out and fax to 423.581.9229

Will there be a co-applicant on this application?      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 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 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 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  
Direct Deposit  
Other

---

**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:	E-mail Address:
Drivers License #:	Drivers License State:
Mother's Maiden Name:	Present Employer Name:
Home Address 1:	
Home 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:

E-mail Address:

Drivers License #:

Drivers License State:

Mother's Maiden Name:

Present Employer Name:

Home Address 1:

Home Address 2:

City:

State, Zip:

---

**Additional Information**

How would you prefer to be contacted?

Home Phone

Work Phone

Other Phone

E-mail Address

Other:

Special Instructions/comments:

---

**Signatures**

Primary Applicant Signature:

Date:

Co-Applicant Signature:

Date: