

Account Access Application

Only complete the areas of this form needed for new or replacement services.

Account Number: _____

Name - Primary Member: _____ Joint Member: _____

Mailing Address*: _____

City: _____ State: _____ Zip: _____

Phone - Daytime: (____) _____ - _____ ext. _____ Home: (____) _____ - _____

*For address changes or corrections please use the Address Change Form.

Email - Preferred*: _____ Alternate: _____

*This will be the default email address for the account

Teller 24 - PIN ____ - ____ - ____ - ____ Numbers only, please. We recommend you change your PIN when you call in for the first time.

Checks - Start # _____ Boxes _____ Style _____ Lettering _____ Monogram _____

Liberty Deluxe Senior Direct Deposit New Reorder

Checks will be imprinted with name and address only unless otherwise indicated. Use the line below to give imprint instructions.

Notes: _____

For credit union use - Check orders: Check Digit(s) _____ Ordered by # _____ Date _____

Visa Debit Primary Joint I do not authorize Point-of-Sale transactions on this card.

There is a separate application for minors under 18.

Driver's License - Primary: _____ Issue Date: _____ Exp. Date: _____

Driver's License - Joint: _____ Issue Date: _____ Exp. Date: _____

Be sure to read all disclosures before signing.

By signing below I acknowledge receipt of the Membership Account Agreement inclusive of the disclosure concerning the services I have chosen, the discretionary overdraft privilege policy, and the Mobile Deposit User Agreement as applicable, and agree to all terms and conditions of these agreements and/or policies. I agree the information supplied by me on this application is true and complete. I understand inquiries may be made for approval. Approval of this application is subject to the credit policies of this institution.

Signature of Primary Member Date

Signature of Joint Member Date

FOR CREDIT UNION USE

VISA DEBIT CARD

DeluxeDetect NSF Approved

Denied Action _____

Employee _____ Date _____

Offer Ext. Coverage Employee _____

Received # _____

Reviewed # _____

Scanned # _____