

Massachusetts State Employees Credit Union Checking/Savings Account Application

Please print this form, fill it out and fax to **617.227.0478**

Account Information	
Will there be a co-applicant on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am interested in: <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) _____ <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) _____ <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) _____	
I am also interested in: <input type="checkbox"/> ATM and Check/Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other (please describe) _____	
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:

IDENTIFICATION

Type	Number	Expiration	Identified By Employee

Each signer also agrees that the Credit Union may obtain any credit reference necessary including, but not limited to, NCPS, at any time while an account holder.