



Equitable Federal Credit Union Application for Services

I am interested in applying for:

Debit Card Checking Account Both Debit Card and Checking Account

Primary Applicant

Member Number: _____ SSN: _____
First Name: _____ Last Name: _____
Birth Date: _____ E-Mail Address: _____
Work Number: _____ Home Number: _____
Cell Number: _____ Mother's Maiden Name: _____
Drivers License Number and State: _____
Present Employer's Name: _____
Home Address #1: _____
Home Address #2: _____
City: _____ State: _____
SIGNATURE: _____ DATE: _____

Co-Applicant:

Member Number: _____ SSN: _____
First Name: _____ Last Name: _____
Birth Date: _____ E-Mail Address: _____
Work Number: _____ Home Number: _____
Cell Number: _____ Mother's Maiden Name: _____
Drivers License Number and State: _____
Present Employer's Name: _____
Home Address #1: _____
Home Address #2: _____
City: _____ State: _____
SIGNATURE: _____ DATE: _____

I would like to opt into overdraft protection where the credit union authorizes a transaction to overdraw my account, and charges me a \$28 insufficient funds fee

I am not interested in overdraft protection and would rather have my transaction denied (or money taken from my savings account, if applicable)

By signing this application, I hereby authorize Equitable Federal Credit Union to access my credit bureau report in consideration for credit union services. Please refer to the fee schedule included with this application for charges associated with these services.