

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you

When you open an account, we will ask for your name, address, date of birth, tax identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

- Account Ownership: Individual Joint – with survivorship (and not as tenants in common)
- Services Requested: Member Savings Checking / Debit Card HSA _____
 Certificate Rewards Checking / Debit Card IRA _____

PART A: Member Applicant Information

First	Middle	Last	Suffix	
SSN / ITIN	Date of Birth	Home Phone	Cell Phone	
Physical Address		City	State	Zip
Mailing Address (if different)		City	State	Zip
Employer	Occupation		Work Phone / Extension	
E-mail Address	Mother's Maiden Name / Password			
Preferred daytime contact method: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work				

I hereby make application for the account(s)/services as indicated and/or for membership in Interra Credit Union (Credit Union). By signing below I agree that everything stated in this application is correct to the best of my knowledge. I authorize the Credit Union to investigate my credit-worthiness and employment history by any means, including preparation of a credit report by a credit reporting agency. I also authorize the Credit Union to share any transaction or experience information, existing between me and the Credit Union, with credit bureaus, or others who inquire about my credit standing.

Member Applicant Signature: _____ Date: _____

PART B: Co-Applicant Information

First	Middle	Last	Suffix	
SSN / ITIN	Date of Birth	Home Phone	Cell Phone	
Physical Address		City	State	Zip
Mailing Address (if different)		City	State	Zip
Employer	Occupation		Work Phone / Extension	
E-mail Address	Mother's Maiden Name / Password			

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Co-Applicant Signature: _____ Date: _____

Additional Co-Applicant information (if applicable) continues on the next page.



PART C: Co-Applicant Information

First	Middle	Last	Suffix	
SSN / ITIN	Date of Birth	Home Phone	Cell Phone	
Physical Address		City	State	Zip
Mailing Address (if different)		City	State	Zip
Employer		Occupation	Work Phone / Extension	
E-mail Address		Mother's Maiden Name / Password		

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Co-Applicant Signature: _____

Date: _____

PART D: Co-Applicant Information

First	Middle	Last	Suffix	
SSN / ITIN	Date of Birth	Home Phone	Cell Phone	
Physical Address		City	State	Zip
Mailing Address (if different)		City	State	Zip
Employer		Occupation	Work Phone / Extension	
E-mail Address		Mother's Maiden Name / Password		

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Co-Applicant Signature: _____

Date: _____