



RTP Federal Credit Union  
Life is full of possibilities. Get your share.

# Checking Account Application

**FAX to:** (919) 572-5463

**MAIL to:** RTP Federal Credit Union  
P.O. Box 12807  
Research Triangle Park, NC 27709

*If you are unsure how to fill out this form, please call RTP Federal Credit Union at (919) 941-5700. Returning incorrect, incomplete or unsigned forms will delay the processing of your request.*

## Current Account Primary Owner

Name \_\_\_\_\_ SSN/TIN# \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

*Please add the services checked:*  ATM Card  Visa® Debit Card  Home Banking  
 Overdraft Protection from Line of Credit  Overdraft Protection from Savings Account

## Account Ownership

Designate the ownership of the accounts and responsibility for the services requested:

Single Party  Joint (G.S. 54-109.58): We  **Do**  **Do Not** elect to create the right of survivorship on this account.

We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: 1) RTP Federal Credit Union may pay the money in the account to, or on the order of, any person named in the account and 2) If we elect to create the right of survivorship in the account, that upon the death of one joint owner the money remaining in the account will belong to the surviving joint owner(s) and will not pass by inheritance to heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

Joint Owner: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Street: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Please add the services checked for Joint Owner:*  ATM Card  Visa® Debit Card  Home Banking

## Authorization

By signing this form, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment RTP Federal Credit Union makes from time to time which are incorporated herein. I/we know that the opening of this checking account is contingent upon my/our approval by ChexSystems and acknowledge that this account is subject to the appropriate Agreements and Disclosures of which RTP Federal Credit Union will mail me a copy upon the account opening.

**Account Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Joint Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## THIS SECTION - CREDIT UNION USE ONLY

Received by: \_\_\_\_\_ Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Touch Tone Teller Pin #: \_\_\_\_\_ Home Banking Account #: \_\_\_\_\_

Visa Debit Card #: \_\_\_\_\_  Approved  Denied Reason: \_\_\_\_\_

ATM Card #: \_\_\_\_\_  Approved  Denied Reason: \_\_\_\_\_

ChexSystems Record:  Yes  No If Yes, manager's approval: \_\_\_\_\_

Joint Owner Account #: \_\_\_\_\_