

# BUTLER COUNTY TEACHERS FEDERAL CREDIT UNION

## APPLICATION TO OPEN ACCOUNT

Please complete and return this Application to open an account, along with:

1. **A check for a minimum of \$5.25 to a maximum of \$500.25** (\$5.00 is the minimum Share [Savings] Account balance and \$0.25 is your one-time Membership Fee), **AND**
2. **A copy of a Driver's License for each person to be named on the account OR, if a Driver's License has not been issued, a copy of a signed Social Security Card or Birth Certificate for each person to be named on the account.**

**Upon receipt, a Signature Card will be mailed to you,** which will need to be completed and signed by each person on the account and returned before your membership may be processed.

Name _____ (Last name), (First name) (Middle initial)	Home Telephone _____
Address _____	Email Address _____
City/State/Zip _____	
Employer _____	Work Telephone _____
Occupation _____	Hours per Week _____
Address or Building _____	Length of Employment _____
Additional Names to be listed on this account (maximum of two additional names):	
Name _____ (Last name), (First name) (Middle initial)	Home Telephone _____
Address _____	
City/State/Zip _____	
Name _____ (Last name), (First name) (Middle initial)	Home Telephone _____
Address _____	
City/State/Zip _____	
<input type="checkbox"/> I am a prior member of the credit union.	Account number if known _____
<input type="checkbox"/> I have family member(s) in this credit union:	
Name _____ Relationship _____	Account # _____
Name _____ Relationship _____	Account # _____
Name _____ Relationship _____	Account # _____
<input type="checkbox"/> My Statement may be mailed with other family members at my address.	
<input type="checkbox"/> Please mail my Statement separately from other family members at my address.	