



# Southern Lakes CREDIT UNION

*Serving Kenosha, Walworth and Racine Counties!*

## Check Card Application

Applicant Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Applicant's Employer \_\_\_\_\_

Length of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_

Co-Applicant's Employer \_\_\_\_\_

Length of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_

I would like to access the following accounts:

Sharedraft (Checking) Account # \_\_\_\_\_

Share (Savings) Account # \_\_\_\_\_

By signing this application, I authorize Southern Lakes Credit Union to investigate my credit rating, and that rating will be used in the criteria for opening this account. This account, if opened, may be terminated by the credit union or the member at any time, with or without cause, at the option of either as described in the VISA check card/ATM card disclosures. The applicant and/or joint applicant certifies this information is true and complete. If a card is issued based off this application, the cardholder(s) agree to use this card according to the rules and regulations provided by Southern Lakes Credit Union and agree to be bound by said rules and regulations.

Applicant Signature \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

**Please fax completed application to:**

**262-723-4988**

or

**Mail completed application to:**

**Southern Lakes Credit Union**

**PO Box 310**

**Kenosha, WI 53141**