



Account Owner/ Signer Information:

First Name _____ MI: _____ Last Name _____

Street Address*: _____

*(Please note: **PO Box holders must furnish physical address as well as mailing address**)

City _____ State _____ Zip + 4: _____ - _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ MMN: _____

Home phone # _____ Work Phone # _____ Fax #: _____

Cellular # _____ E-mail _____

Driver's License Number: _____ Issuing State _____ Exp. Date: _____

Employer: _____ Hire Date: _____

(OR other approved photo ID#) Issue date (if any): _____

*Please note: *Federal regulation requires that the Credit Union have verification of customer's ID on file.*

Reference:

Name: _____ Phone: _____

Address: _____

Payable on Death:

Name: _____ Relation: _____ SS#: _____

Name: _____ Relation: _____ SS#: _____

The information I have provided is correct to the best of my knowledge. I authorize Sugar Land Employees Federal Credit Union to check credit and/or employment history should it deem necessary.

Joint Owner/ Signer Information:

First Name _____ MI: _____ Last Name _____

Street Address*: _____

City _____ State _____ Zip + 4: _____ - _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ MMN: _____

Home phone # _____ Work Phone # _____ Fax #: _____

Cellular # _____ E-mail _____

Driver's License Number: _____ Issuing State _____ Exp. Date: _____

Employer: _____ Hire Date: _____

(OR other approved photo ID#) Issue date (if any): _____

Verification of all account information provided by Telechek.

COPY OF TEXAS DRIVERS LICENSE OR PICTURED ID CARD