

1. Please complete the True Switch form.
2. Print the form and bring into any of our True North Federal Credit Union branches along with your personal identification.

TELL US ABOUT YOU

NAME (AS LISTED ON VALID ID)		DATE OF BIRTH	SOCIAL SECURITY NUMBER
PHYSICAL ADDRESS		MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS)	
CITY	STATE	ZIP CODE	HOME PHONE NUMBER
OCCUPATION:	EMPLOYER:		EMPLOYER PHONE NUMBER
DRIVER LICENSE NUMBER	DRIVERS LICENSE ISSUE DATE	DRIVERS LICENSE EXPIRATION DATE	
EMAIL ADDRESS			
WHICH FINANCIAL SERVICES INTEREST YOU? (CHECK ALL THAT APPLY)			
<input type="checkbox"/> CHECKING	<input type="checkbox"/> DEBIT/ATM CARD	<input type="checkbox"/> OVERDRAFT PROTECTION	<input type="checkbox"/> SAVINGS
<input type="checkbox"/> CD	<input type="checkbox"/> MONEY MARKET	<input type="checkbox"/> IRA	
<input type="checkbox"/> BILL PAY	<input type="checkbox"/> ONLINE BANKING	<input type="checkbox"/> HELCC	<input type="checkbox"/> MORTGAGE
<input type="checkbox"/> LOAN	<input type="checkbox"/> OTHER _____		

COMPLETE THIS SECTION FOR JOINT ACCOUNTS

NAME (AS LISTED ON VALID ID)		DATE OF BIRTH	SOCIAL SECURITY NUMBER
PHYSICAL ADDRESS		MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS)	
CITY	STATE	ZIP CODE	HOME PHONE NUMBER
OCCUPATION	EMPLOYER		EMPLOYER PHONE NUMBER
DRIVER LICENSE NUMBER	DRIVERS LICENSE ISSUE DATE	DRIVERS LICENSE EXPIRATION DATE	

TELL US ABOUT YOUR CURRENT FINANCIAL RELATIONSHIP(S)

(A) FINANCIAL INSTITUTION: _____ ACCOUNT NUMBER: _____ ACCOUNTS HELD AT FINANCIAL INSTITUTION A	(B) FINANCIAL INSTITUTION: _____ ACCOUNT NUMBER: _____ ACCOUNTS HELD AT FINANCIAL INSTITUTION B	(C) FINANCIAL INSTITUTION: _____ ACCOUNT NUMBER: _____ ACCOUNTS HELD AT FINANCIAL INSTITUTION C
<input type="checkbox"/> LINE OF CREDIT	<input type="checkbox"/> CHECKING	<input type="checkbox"/> LINE OF CREDIT
<input type="checkbox"/> LOANS	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING
<input type="checkbox"/> HELCC	<input type="checkbox"/> OVERDRAFT PROTECTION	<input type="checkbox"/> LOANS
<input type="checkbox"/> MORTGAGE	<input type="checkbox"/> BILL PAY	<input type="checkbox"/> SAVINGS
<input type="checkbox"/> IRA	<input type="checkbox"/> CD	<input type="checkbox"/> HELCC
<input type="checkbox"/> ONLINE BANKING	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OVERDRAFT PROTECTION
		<input type="checkbox"/> MORTGAGE
		<input type="checkbox"/> BILL PAY
		<input type="checkbox"/> IRA
		<input type="checkbox"/> CD
		<input type="checkbox"/> ONLINE BANKING
		<input type="checkbox"/> OTHER _____

Credit Verification Disclaimer: You authorize us to request and obtain reports from one or more credit reporting agencies for the purpose of considering your application for an Account, reviewing or collecting any Account opened for you, or for any other legitimate business purpose.

APPLICANT'S SIGNATURE _____

DATE _____

CO-APPLICANT'S SIGNATURE _____

DATE _____

FORTNFCU USE ONLY

Received by: _____ Date received: _____ In Person Telephone Mail

