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

TRUE SWITCH

TELL US ABOUT YOU.

Name (as listed on valid ID)	Date of Birth:		Social Security #:
Physical Address:	Mailing Address (if different than physical address):		
City:	State:	Zip Code:	Home Phone #:
Occupation:	Employer:		Employer Phone #:
Driver License #:	Drivers License Issue Date:		Drivers License Expiration Date:

Email Address:

Which financial services interest you? (check all that apply)

☐ Checking ☐ Debit/ATM Card ☐ Overdraft Protection ☐ Savings ☐ CD ☐ Money Market ☐ IRA
☐ Bill Pay ☐ Online Banking ☐ HELCC ☐ Mortgage ☐ Loan ☐ Other

Complete this section for joint accounts:

Name (as listed on valid ID)	Date of Birth:		Social Security #:
Physical Address:	Mailing Address (if different than physical address):		
City:	State:	Zip Code:	Home Phone #:
Occupation:	Employer:		Employer Phone #:
Driver License #:	Drivers License Issue Date:		Drivers License Expiration Date:

TELL US ABOUT YOUR CURRENT FINANCIAL RELATIONSHIP(S).

(A) Financial Institution: _____
Account #: _____
Accounts held at Financial Institution A:

☐ Line of Credit ☐ Checking
☐ Loans ☐ Savings
☐ HELCC ☐ Overdraft Protection
☐ Mortgage ☐ Bill Pay
☐ IRA ☐ CD
☐ Online Banking ☐ Other

(B) Financial Institution: _____
Account #: _____
Accounts held at Financial Institution B:

☐ Line of Credit ☐ Checking
☐ Loans ☐ Savings
☐ HELCC ☐ Overdraft Protection
☐ Mortgage ☐ Bill Pay
☐ IRA ☐ CD
☐ Online Banking ☐ Other

(C) Financial Institution: _____
Account #: _____
Accounts held at Financial Institution C:

☐ Line of Credit ☐ Checking
☐ Loans ☐ Savings
☐ HELCC ☐ Overdraft Protection
☐ Mortgage ☐ Bill Pay
☐ IRA ☐ CD
☐ Online Banking ☐ 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.

www.TrueNorthFCU.org

Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Federally Insured by NCUA