



CHECKING APPLICATION

765 West Poplar Ave, Collierville, TN 38017 • PO Box 310, Collierville, TN 38027
 Phone: 901.452.7900 • Toll Free Phone: 800.633.4128 • Email: MYCU@SouthernSecurity.org • SouthernSecurity.org

Please complete the application here, then print it out, sign and return to Southern Security via mail, fax or in-person.

PLEASE PRINT

MEMBER ACCOUNT NUMBER		
NAME		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
ADDRESS		
CITY	STATE	ZIP
HOME PHONE ()	CELL PHONE ()	
DRIVERS LICENSE # OR STATE/FEDERAL ID	STATE ISSUED	
EMPLOYER	WORK PHONE ()	
OCCUPATION/TITLE	DATE STARTED	
EMAIL		

Joint owner must already be a joint owner on the Share (Savings) account. If not, please contact the credit union for further instructions.

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NAME		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
ADDRESS		
CITY	STATE	ZIP
HOME PHONE ()	CELL PHONE ()	
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Debit MasterCard or Express Teller (ATM) Card Debit MasterCard
 I would like to apply for a Southern Security: (check one) ATM Card

I understand that if I am not approved for the Debit MasterCard, an ATM card will be substituted.

Number of Cards Requested – joint application only (check one)

Primary Card Joint Card

I authorize the credit union to obtain information to check my credit records for the purpose of determining eligibility for this account. CHANGING OUR AGREEMENT: Southern Security can change the terms of this Agreement, including the charges relating to the use of either card, at any time. If the law requires us to notify you in a certain way, we will do so.

CANCELLATION: The card is our property and can be cancelled at any time and end your privileges. Also, the closing of your designated checking account will automatically terminate your card privileges.

ELECTRONIC FUNDS TRANSFER AGREEMENT: For the latest EFT Agreement please visit SouthernSecurity.org or contact Southern Security.

MEMBER SIGNATURE _____ DATE _____

JOINT OWNER SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY: S7 type _____ Date _____ T# _____