



New Account Information

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PRIMARY ACCOUNT HOLDER INFORMATION					
MEMBERSHIP QUALIFICATION		CODE WORD		SOCIAL SECURITY NUMBER	
				<input type="radio"/> Universal <input type="radio"/> Telephone only	
LAST NAME		FIRST NAME			MI
EMAIL ADDRESS		HOME PHONE		WORK PHONE	
CELL PHONE		DATE OF BIRTH		MOTHER'S MAIDEN NAME	
EMPLOYER'S NAME		EMPLOYER'S ADDRESS		STATE	ZIP
PROFESSION JOB TITLE		MONTHLY INCOME	DRIVER'S LICENSE NO. STATE		ISSUE DATE
					EXPIRES ON
PHYSICAL ADDRESS				STATE	ZIP

JOINT ACCOUNT HOLDER INFORMATION						
SOCIAL SECURITY NUMBER		LAST NAME			FIRST NAME	MI
EMAIL ADDRESS		HOME PHONE		WORK PHONE		
CELL PHONE		DATE OF BIRTH		MOTHER'S MAIDEN NAME		
EMPLOYER'S NAME		EMPLOYER'S ADDRESS				
PROFESSION JOB TITLE		MONTHLY INCOME	DRIVER'S LICENSE NO. STATE		ISSUE DATE	
					EXPIRES ON	
PHYSICAL ADDRESS				STATE	ZIP	

If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address, or employment within a reasonable time. You also promise that everything you have stated in this application is correct to the best of your knowledge. You authorize AFFCU to obtain credit reports in connection with this application for membership and for renewal or extension of credit. You understand that it is a federal crime to deliberately provide incomplete or incorrect information to Federal Credit Unions insured by the NCUA. You certify that you meet the membership qualification listed above and are, therefore, eligible to join AFFCU.

 Primary Applicant Signature

 Joint Applicant Signature

CREDIT UNION USE ONLY

Teller #: _____ Date: _____ Account #: _____ Telecheck Code #: _____