

# EXPANDACHEK MEMBERSHIP APPLICATION

I (we) hereby make application for an Expandachek account at Morton Credit Union and agree to the terms of this account as set forth in the Account Disclosure Brochure.

## EXPANDACHEK MEMBERSHIP INFORMATION:

Name	_____		
	Last, First, Middle		
Social Security #	_____	Drivers License #	_____
Present Address	_____		
	Street, City, ST, Zip		
Previous Address (If above less than 5 yrs)	_____		
	Street, City, ST, Zip		
Phone #	_____		
	Home	Work	Cell
Employment	_____		
	Name of Business	Date Started at Work	
Position or Title	_____		

## CHECKING ACCOUNT HISTORY:

List previous checking accounts and bank references

_____	
Bank Name	Address
Reason account closed	
_____	
Have you ever had a bank close your checking account?	Yes ___ No ___
Have you ever had any checks returned for insufficient funds?	Yes ___ No ___
If yes, please explain	
_____	
_____	
The above information I verify as correct and complete to the best of my knowledge. I further authorize verification of the above information if Morton Credit Union deems necessary. I agree to these terms by my signature below.	
Member Signature	Date
_____	_____
Joint Owner Signature	Date
_____	_____