

# New Checking Request

See if you are [eligible for membership](#).

**If you are not currently a member**, please [enroll for membership](#) through our new member application.

## PERSONAL ACCOUNT

### Primary account holder information

First name	Middle name or initial	Last name	
Street address			
City	State:	Zip code:	<input type="checkbox"/> United States <input type="checkbox"/> Puerto Rico
Email address:			
Daytime phone number ext.		Best time to call (during business hours): <input type="checkbox"/> AM <input type="checkbox"/> PM	

### Joint applicant account information

First name	Middle name or initial	Last name	
Street address			
City	State:	Zip code:	<input type="checkbox"/> United States <input type="checkbox"/> Puerto Rico

## ACCOUNT FEATURES

**Please choose which product you are most interested in:**

- ☐ PowerPlus Checking      ☐ Simply Checking      ☐ **go** Checking

**Please choose which account feature(s) you are most interested in for your checking account:**

- ☐ Interest bearing      ☐ Rewards Points for travel/merchandise  
☐ ATM/Debit Card      ☐ Checks  
☐ Direct Deposit

**Please choose which of the following online service(s) you would be interested in learning more about:**

- ☐ Online Banking      ☐ Online Statements  
☐ Online Bill Pay      ☐ Online Notices

After submitting this form, you will be contacted by a Credit Union Representative within 24-48 business hours.