



CHECKING ACCOUNT APPLICATION FORM

Primary Accountholder

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Social Security #: \_\_\_\_\_
Birth Date: \_\_\_\_\_ Phone #: \_\_\_\_\_
Email: \_\_\_\_\_
Employer: \_\_\_\_\_
Length of Employment: \_\_\_\_\_
Length of Time at Current Address: \_\_\_\_\_

Own [ ] Rent [ ]

Secondary Accountholder

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Social Security #: \_\_\_\_\_
Birth Date: \_\_\_\_\_ Phone #: \_\_\_\_\_
Email: \_\_\_\_\_
Employer: \_\_\_\_\_
Length of Employment: \_\_\_\_\_
Length of Time at Current Address: \_\_\_\_\_

Own [ ] Rent [ ]

The above information is submitted for the purpose of opening a checking account with Ozarks Federal Savings and Loan Association and is certified to be true and correct. I authorize Ozarks Federal Savings and Loan Association to make whatever inquiries, credit or otherwise, necessary to evaluate my application. I agree that this application shall remain the property of Ozarks Federal Savings and Loan Association.

X \_\_\_\_\_
Primary Accountholder Signature Date

X \_\_\_\_\_
Secondary Accountholder Signature Date

OPTIONAL: Payable On Death Designation.

The undersigned hereby direct(s) Ozarks Federal Savings and Loan Association to pay or transfer upon my/our death all of the funds in my/our checking account in equal shares to the following designated payee(s).

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Social Security #: \_\_\_\_\_
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Social Security #: \_\_\_\_\_
Relationship: \_\_\_\_\_

X \_\_\_\_\_
(Signature) (Date)

X \_\_\_\_\_
(Signature) (Date)

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

To open your account, bring this completed application, photo identification, such as a valid driver's license, military identification, or state issued identification card, along with a copy of your social security card and opening deposit of at least \$100 to any of our office locations.