

Sweetwater Federal Credit Union  
Home Banking Application

Turn in your completed, signed form to one of our tellers at the Credit Union or mail it to our office.

Name _____	Social Security Number _____
Address _____ _____	Date of Birth _____
_____	Mother's Maiden Name _____
Home Phone _____	Email Address _____
Daytime Phone _____	SFCU Account Number _____
Cell Phone _____	

I have ownership of the following accounts and would like to have access to these accounts through Home Banking.

Account Number _____	Primary Account Owner _____
Account Number _____	Primary Account Owner _____
Account Number _____	Primary Account Owner _____

Member  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Member  
Signature \_\_\_\_\_ Date \_\_\_\_\_