



Take 2 Checking Application

Check if Title Change: _____

Account No. : _____ **Soc. Sec. No:** _____

Date of Birth: _____

Name: _____

Street: _____

City: _____ **State/Zip Code:** _____

Phone No. : _____

Please Circle Account Type: Individual Account or Joint Account

Name of Joint Owner: _____

Address: _____

Date of Birth: _____ **Soc. Sec. No.** _____

Terms and Conditions

Applicant(s) must be at least 17 years of age. The prime share account must have the minimum \$1.00 balance pledged. A \$12.00 monthly fee will be charged to this account. Courtesy Pay Feature is not permitted. Daily ATM withdrawal limits are \$305.00 and Point of Sale Limits are \$500.00 per day. ATM Deposits are Not Permitted. NSF, Uncollected Fund and Returned Check Deposit Fees are \$35.00 per item. It is understood that improper use of this account could result in cancellation.

*** My signature authorizes my consent to the terms and conditions of this account***

Member Signature _____ **Date:** _____

Joint Members Signature _____ **Date:** _____

*****Please provide a copy of a valid ID *****