



New Account Form/Change of Address Form

Please Print or Type Clearly. Please Verify Information.

I/We authorize Sentry Federal Credit Union to open an account upon receipt of this form. This is a request for a **New Account**

Please check the type of account(s) you are opening:

- Savings
- Savings ~ Holiday Account
- Savings ~ Vacation Account
- Certificate/Term: _____ months
- Roth IRA/Term: _____ months
- Money Market
- Regular Checking
- Interest Checking
- Traditional IRA/Term: _____ months
- Education IRA/Term: _____ months

Primary Member's Information

Name: _____ Call 24 PIN (4 numeric digit): _____
 Address: _____
 Home Telephone: _____ Work Telephone: _____
 Social Security Number: _____ Date of Birth: _____
 Mother's Maiden Name: _____ Email Address: _____
 Eligibility Statement: _____ Driver's License # & State _____

Joint Owner's Information

Name: _____ Relationship to Member: _____
 Address: _____
 Home Telephone: _____ Work Telephone: _____
 Social Security Number: _____ Date of Birth: _____
 Email Address: _____ Driver's License # & State _____

Overdraft Protection is available to any member who has an account with Sentry Credit Union. By signing this form, you are authorizing Sentry Credit Union to transfer funds from your Sentry savings account, in event that your checking account becomes overdrawn. Please refer to the service fee schedule for fees applied.

Member's Signature: _____ Date: _____

Address Change for Account Number: _____

Primary Member's Information

Name: _____
 Address: _____
 Home Telephone: _____ Work Telephone: _____

Joint Owner's Information

Name: _____ Relationship to Member: _____
 Address: _____
 Home Telephone: _____ Work Telephone: _____

Giving your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding. Under penalties of perjury, I certify that (1) the number on this form is the applicable correct Tax Payer Identification (Social Security Number) and (2) I am not subject to backup withholding as a result of a failure to report all interest or dividend, or the IRS has not notified me that I am no longer subject to backup withholding. I agree to be bound by the terms and conditions of the appropriate account agreements and disclosures which have been provided to me.

Member's Signature: _____ Date: _____

Joint Member's Signature: _____ Date: _____

Office Use Only

Member Number:	Employee Initials:	Date:	ChexSystem Verification
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