

River-Rail Community Federal Credit Union Checking/Savings Account Application

Please print this form, fill it out and fax to **307-472-4920**

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Account Information	
Will there be a co-applicant on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am interested in:	
<input type="checkbox"/> Checking Account	
Type of Checking Account: _____	
Initial Deposit Amount: \$ _____	
Source of Deposit:	
<input type="checkbox"/> Transfer from a current account. Account Number: _____	
<input type="checkbox"/> I will transfer funds from another institution.	
<input type="checkbox"/> I will mail a check/money order.	
<input type="checkbox"/> Other. (please describe) _____	
<input type="checkbox"/> Savings Account	
Type of Savings Account: _____	
Initial Deposit Amount: \$ _____	
Source of Deposit:	
<input type="checkbox"/> Transfer from a current account. Account Number: _____	
<input type="checkbox"/> I will transfer funds from another institution.	
<input type="checkbox"/> I will mail a check/money order.	
<input type="checkbox"/> Other. (please describe) _____	
<input type="checkbox"/> Other Account	
Description: _____	
Initial Deposit Amount: \$ _____	
Source of Deposit:	
<input type="checkbox"/> Transfer from a current account. Account Number: _____	
<input type="checkbox"/> I will transfer funds from another institution.	
<input type="checkbox"/> I will mail a check/money order.	
<input type="checkbox"/> Other. (please describe) _____	
I am also interested in:	
<input type="checkbox"/> ATM Card	
<input type="checkbox"/> ATM and Check/Debit Card	
<input type="checkbox"/> Credit Card	
<input type="checkbox"/> Direct Deposit	
<input type="checkbox"/> Other (please describe) _____	
Primary Applicant	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security Number (TIN):	Date of Birth:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
Mother's Maiden Name:	Present Employer Name:
<i>Home Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Co-Applicant	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security Number (TIN):	Date of Birth:
Home Phone Number:	Work Phone Number:

Other Phone Number:		Email Address:	
Drivers License #:		Drivers License State:	
Mother's Maiden Name:		Present Employer Name:	
<i>Home Address</i>			
Address 1:			
Address 2:			
City:		State, Zip:	
Additional Information			
How would you prefer to be contacted?			
<input type="checkbox"/> Home Phone			
<input type="checkbox"/> Work Phone			
<input type="checkbox"/> Other Phone			
<input type="checkbox"/> Email Address			
<input type="checkbox"/> Other:			
Special Instructions/Comments:			
Signatures			
Primary Applicant Signature:		Date:	
Co-Applicant Signature:		Date:	