



## Checking Account Application

**Yes**, I would like to open a First Eagle Checking Account. *(Please select only **one** of the account types below).*

- Premier
  Essential
  Freedom
  Simple

Name			
First Eagle Account Number			
Social Security Number			
Street Address			
City, State, Zip			
Home Phone			
Work Phone			
Email Address			
Previous Address			
Employer Name & Address			
Length of Employment			
Driver's License #		State	
Joint Name			
Social Security Number			
Driver's License #			
<p><b><i>A Member Service Representative can help you place your check order.</i></b>  <i>(This includes what you want printed on your checks and the check style – color/design, cover choice and quantity)</i></p>			
Signature			
Joint Signature			

**Yes**, I want it all!

- First Eagle Check Card
  Online Banking
  Overdraft Protection

Separate disclosures will be sent upon approval.

Please note: All check printing charges will be deducted from the Checking account as they are incurred. Please be sure to deposit the proper amount to cover these charges.