U OF P FEDERAL CREDIT UNION
APPLICATION FOR SAVINGS EXTRA INVESTMENT ACCOUNT

Account Number_____

__ Attached is a deposit to open the account.
__ Please withdrawal $_____ from my _____ account, to open this account.
amount type

Name_____

Address_____

Home Phone _____ Work Phone_____

Please open a savings investment account. I agree to the terms and conditions as stated in the Truth In Savings disclosure.

Signature_____ Date _____