HCB Trust Ek. för. Checking/Savings Account Application

Please print form and fill in the relevant information and send to HCB Trust Ek. för., Solna Strandväg 78, 171 54 Stockholm, Sweden or fax to +46 (0)8 5052-1010.

Account Information

Will there be a co-applicant on this application? ☐ Yes ☐ No

I am interested in:

☐ Checking Account
Type of Checking Account: ____
Initial Deposit Amount: $____
Source of Deposit:
☐ Transfer from a current account. Account Number: ______________________
☐ I will transfer funds from another institution.
☐ I will mail a check/money order.
☐ Other. (please describe) ____

☐ Savings Account
Type of Savings Account: ____
Initial Deposit Amount: $____
Source of Deposit:
☐ Transfer from a current account. Account Number: ______________________
☐ I will transfer funds from another institution.
☐ I will mail a check/money order.
☐ Other. (please describe) ____

☐ Other Account
Description: ____
Initial Deposit Amount: $____
Source of Deposit:
☐ Transfer from a current account. Account Number: ______________________
☐ I will transfer funds from another institution.
☐ I will mail a check/money order.
☐ Other. (please describe) ____

I am also interested in:
☐ ATM Card
☐ ATM and Check/Debit Card
☐ Credit Card
☐ Direct Deposit
☐ Other. (please describe) ____

Primary Applicant

Last Name:	Member Number:
First Name:	Middle Name:
Home Phone Number:	Date of Birth:
Other Phone Number:	Work Phone Number:
Drivers License #:	Email Address:
Drivers License State:	Present Employer Name:
Home Address:	

Address 1:	
Address 2:	
City:	Zip:

Co-Applicant	
Last Name:	Member Number:
First Name:	Middle Name:
Home Phone Number:	Date of Birth:
Other Phone Number:	Work Phone Number:
Drivers License #:	Email Address:
Drivers License State:	Present Employer Name:
Home Address:	
Address 1:	
Address 2:	
City:	Zip:

Additional Information
How would you prefer to be contacted? ☐ Home Phone ☐ Work Phone ☐ Other Phone ☐ Email Address ☐ Other:
Special Instructions/Comments:

Signatures	
Primary Applicant Signature:	Date:
Co-Applicant Signature:	Date: