

Open a new checking account today

IMPORTANT INFORMATION: Federal Law requires us to obtain, verify, and record your name, address, date of birth, and other information that will allow us to identify you when you open an account and in certain other circumstances.

Step 1: Complete the following information or call 1-800-531-8153.

Step 2: Fax completed and signed application to USAA at 1-866-998-5910.

1: PRODUCT OPTIONS

I want a USAA Free Checking account.

Your initial deposit will be waived contingent on your set up of direct deposit. Any account which is not funded within 9 calendar months will automatically be closed.

Individual Account Joint Account

You are automatically enrolled in free Web BillPay.

Please provide your e-mail address. We will send you a message confirming your enrollment and you can start paying bills:

E-mail Address _____

I want a USAA Debit Card.

Mail to: _____

I want a USAA Savings account.

I want free overdraft protection on my new USAA Free Checking account.

Please select one of the following to establish free Overdraft Protection on this account (account must be current):

USAA MasterCard® USAA Savings Account
(Transactions on savings accounts are limited.)

Credit Card/Account # _____

Basic Active Duty Service Date or Date Expected to Ship? Component:

____/____/____

Active

Guard

Reserve

Unit or Installation for Basic Training?

Branch of Service: Army Air Force
 Marine Corps Coast Guard
 Navy

2: PRIMARY ACCOUNT HOLDER INFORMATION

Name _____ USAA Number _____

Date of Birth (mm/dd/yy) _____ Social Security Number _____

Home Address _____

City _____ State _____ Zip Code _____

Physical Address (P.O. Box cannot be accepted.) _____

City _____ State _____ Zip Code _____

Residential Phone (including area code) _____ Business Phone (including area code) _____

JOINT/SECONDARY INFORMATION (IF APPLICABLE)

Name _____ USAA Number _____

Date of Birth (mm/dd/yy) _____ Social Security Number _____

Home Address _____

City _____ State _____ Zip Code _____

Physical Address (P.O. Box cannot be accepted.) _____

City _____ State _____ Zip Code _____

Residential Phone (including area code) _____ Business Phone (including area code) _____

Current Rank or Expected Rank after Shipping?

3: CITIZENSHIP INFORMATION

PRIMARY ACCOUNT HOLDER

Are you a U.S. citizen or an entity organized under U.S. state or federal law? Yes No
If no, please specify country of citizenship (for entities specify country of organization),
if other than U.S.: _____

and

Provide one or more of the following valid numbers:

U.S. Social Security Number/Employer Identification Number: _____

Passport number and country of issue: _____

U.S. Alien Identification Card number: _____

JOINT/SECONDARY

Are you a U.S. citizen or an entity organized under U.S. state or federal law? Yes No
If no, please specify country of citizenship (for entities specify country of organization),
if other than U.S.: _____

and

Provide one or more of the following valid numbers:

U.S. Social Security Number/Employer Identification Number: _____

Passport number and country of issue: _____

U.S. Alien Identification Card number: _____

4: GOVERNMENT DIRECT DEPOSIT

I'd like my government pay to be directly deposited.
Please complete the following required information.

Name of payee (last, first, middle initial)

You will receive a prefilled form to sign and provide to your recruiter. This is a government form, required to set up direct deposit of government payments, including military pay. If you would like this form faxed to your recruiter's office, please sign below providing authorization for USAA to fax this form.

X _____

Fax: _____

5: READ AND SIGN

The applicant(s) signing below is requesting the opening of a USAA Federal Savings Bank Free Checking account. Subject to Accountholder request and Bank approval, USAA Debit MasterCard will be issued to each accountholder. By using the Account, the applicant(s) agrees to abide by the Agreements contained within the Depository Agreement and Disclosures, which shall be provided upon acceptance of this application. The laws of the State of Texas shall govern all matters pertaining to this Account except as preempted by Federal Law. Account information may be shared with other USAA affiliates. If this is a Joint Account, each Account Holder agrees that they open this Account as joint tenants with rights-of-survivorship.

TAXPAYER IDENTIFICATION NUMBER/BACKUP WITHHOLDING CERTIFICATION

Under penalties of perjury, I certify that:

- (1) the Social Security Number/Taxpayer Identification Number provided on this Application is my correct number and;
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, (Note: If I have been notified by the IRS that I am currently subject to backup withholding because I have failed to report all interest or dividends and I have not received notice from the IRS advising that backup withholding is terminated, I understand that I must cross out this item #2.)
and
- (3) I am a U.S. person (including a U.S. resident alien).

I understand that the Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding.

SIGNATURE OF PRIMARY ACCOUNT HOLDER

Date

SIGNATURE OF JOINT/SECONDARY ACCOUNT HOLDER

Date