



# USSCO CHECKING REQUEST FORM

**532 Oakridge Drive, Johnstown, PA  
15904 814-266-4987 or 866-877-2628 Fax:  
814-266-1575**

Please provide all requested information. When you have completed the form, fax or mail it to USSCO using the above information. Upon receipt of your request form, we'll send you an account package. You'll need to verify your identity by returning a notarized signature(s) or by signing the document(s) at one of our branch locations.

## PRIME MEMBER INFORMATION

Member Number \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security number \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_  
Work Phone Number (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Employer \_\_\_\_\_  
Residential Address (not PO Box) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_\_\_

## JOINT OWNER INFORMATION (Must match joint owner or Prime share Account)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of birth (mm/dd/yyyy) \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_  
Work Phone Number (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Employer \_\_\_\_\_  
Residential Address (not PO Box) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

USSCO is authorized to check my/our account, credit, and employment history, and obtain the credit report from third parties, including reporting agencies, to verify my/our eligibility for the accounts and services I/we request, and for services and products USSCO may offer in the future.