

## NEW ACCOUNT APPLICATION

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Type of Account Applying for \_\_\_\_\_ Purpose of Account  Consumer  Business  
 Who Recommended Us to You? \_\_\_\_\_

### ATM CASH CARD REQUEST

Number of Cards Requested \_\_\_\_\_ Checking Account No. \_\_\_\_\_  
 Number of Cards Received \_\_\_\_\_ Savings Account No. \_\_\_\_\_

### FOR INSTITUTION USE

Date \_\_\_\_\_  
 Account No. \_\_\_\_\_

Approved  By \_\_\_\_\_

Declined  By \_\_\_\_\_

### TYPE OF ACCOUNT

Checking  Savings

Money Market  CD

NOW

\_\_\_\_\_

\_\_\_\_\_

Initial Deposit \$ \_\_\_\_\_

Cash  Check No. \_\_\_\_\_

Additional Information \_\_\_\_\_

### OWNERSHIP OF ACCOUNT

Not all forms of ownership may be allowed in your state. Check with your financial institution.

Individual  Joint – With Survivorship  Joint – No Survivorship  
 (and not as tenants in common) (as tenants in common)

Revocable Trust or Pay-On-Death Beneficiary

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Unincorporated Nonbusiness Association of Individuals

Sole Proprietorship  Partnership  Limited Liability Company

Corporation:  For Profit  Not For Profit

\_\_\_\_\_

Business \_\_\_\_\_

County and State \_\_\_\_\_

of Organization: \_\_\_\_\_

Separate Authorization Received  Yes  No Facsimile Signature  Yes  No

### INDIVIDUAL APPLICANT INFORMATION

Name (Last, First, Middle) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Birth Date / / \_\_\_\_\_ Home Telephone No. ( ) \_\_\_\_\_ Driver's Lic. No. / Passport No., Issuer, Issue Date, Exp. Date \_\_\_\_\_

Present Address (Street, City, State & Zip) \_\_\_\_\_ Do You  Own  Rent \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

Permanent Address \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

Employer \_\_\_\_\_ How Long \_\_\_\_\_

Address \_\_\_\_\_ Position/Title \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Previous Employer (If Current Employer is Less Than \_\_\_\_\_ Years) \_\_\_\_\_ How Long \_\_\_\_\_

Address \_\_\_\_\_ Position/Title \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Name and Address of Nearest Relative Not Living With You \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

### JOINT APPLICANT INFORMATION

Name (Last, First, Middle) \_\_\_\_\_ Social Security No. \_\_\_\_\_ Relationship \_\_\_\_\_

Birth Date / / \_\_\_\_\_ Home Telephone No. ( ) \_\_\_\_\_ Driver's Lic. No. / Passport No., Issuer, Issue Date, Exp. Date \_\_\_\_\_

Address (Street, City, State & Zip) \_\_\_\_\_

Employer \_\_\_\_\_ How Long \_\_\_\_\_

Address \_\_\_\_\_ Position/Title \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Name and Address of Nearest Relative Not Living With You \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

