



NEW ACCOUNT INFORMATION SHEET

TYPE OF ACCOUNT

CHECKING

SAVINGS

MONEY MARKET

CD

SIGNERS ON THE ACCOUNT:

1. _____

3. _____

2. _____

4. _____

INFORMATION ON SIGNER # 1 (PRIMARY)

SOCIAL SECURITY NUMBER: _____

IDENTIFICATION NUMBER AND TYPE: _____

DATE OF BIRTH: _____

MOTHERS MAIDEN NAME: _____

CHECK SYSTEMS APPROVAL: _____

HOME ADDRESS: _____

EMPLOYER: _____

CITY: _____ STATE: _____ ZIP: _____

ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP: _____

POSITION: _____ HOW LONG? _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

INFORMATION ON SIGNER # 2

SOCIAL SECURITY NUMBER: _____

IDENTIFICATION NUMBER AND TYPE: _____

DATE OF BIRTH: _____

MOTHERS MAIDEN NAME: _____

CHECK SYSTEMS APPROVAL: _____

HOME ADDRESS: _____

EMPLOYER: _____

CITY: _____ STATE: _____ ZIP: _____

ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP: _____

POSITION: _____ HOW LONG? _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

By signing this application you are stating that the information you have given is correct and complete, that you understand the policies and regulations governing accounts with our institution, including the funds availability policy, and that you agree to a verification of information including a credit report.

SIGNATURE OF APPLICANT: _____ DATE: _____

X _____

SIGNATURE OF APPLICANT: _____ DATE: _____

X _____

FOR BANK USE ONLY

Terms and Disclosure

OFAC Check

ATM/Debit Card

Signature Card

On-Line Banking

On-Line Bill Pay

Checks Ordered

Style _____

TYPE OF ACCOUNT OPENED

INITIAL DEPOSIT

SOURCE OF FUNDS

ADDITIONAL COMMENTS

SIGNATURE OF BANK REPRESENTATIVE