



NEW ACCOUNT APPLICATION

Please use one per customer.

Date _____

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you:

When you open an account, we will ask you for your name, address, taxpayer identification number, date of birth, and other information that will allow us to identify you.

We will also ask to see your driver's license and/or other identifying documents.

First Name: _____ M.I. _____ Last Name: _____

Social Security Number: _____ DOB: _____ Home Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: (if has P.O. Box) _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____

Employer Address: _____ Occupation: _____ Monthly Income: _____

Do you receive any form of Social Security? **Y or N** If yes, Will it be Direct Deposited? **Y or N**

Name & Address of nearest relative not living with you: _____

Relationship: _____ Phone: _____

Thanks for coming in! What made you decide to choose us? _____

FOR BANK USE ONLY

Account Type: _____ Referred By: _____

Ownership of Account: Individual Joint W/Survivorship Joint W/Out Survivorship UTMA Authorized Signer Representative Payee

POD Beneficiary: _____ SSN: _____

Address: _____ DOB: _____

POD Beneficiary: _____ SSN: _____

Address: _____ DOB: _____

ID Type/State: _____ ID Number: _____

Date Issued: _____ Expiration: _____ ID Entered in Jack Henry _____

Verified thru Decision Power: Yes or No Approved for: _____

If Declined – Declination Letter Given: Yes or No

Initial Deposit \$ _____ Cash _____ Check _____ Transfer _____

If \$3000. or more in cash / Source of Funds: _____

Account Number: _____ ATM or DEBIT Card